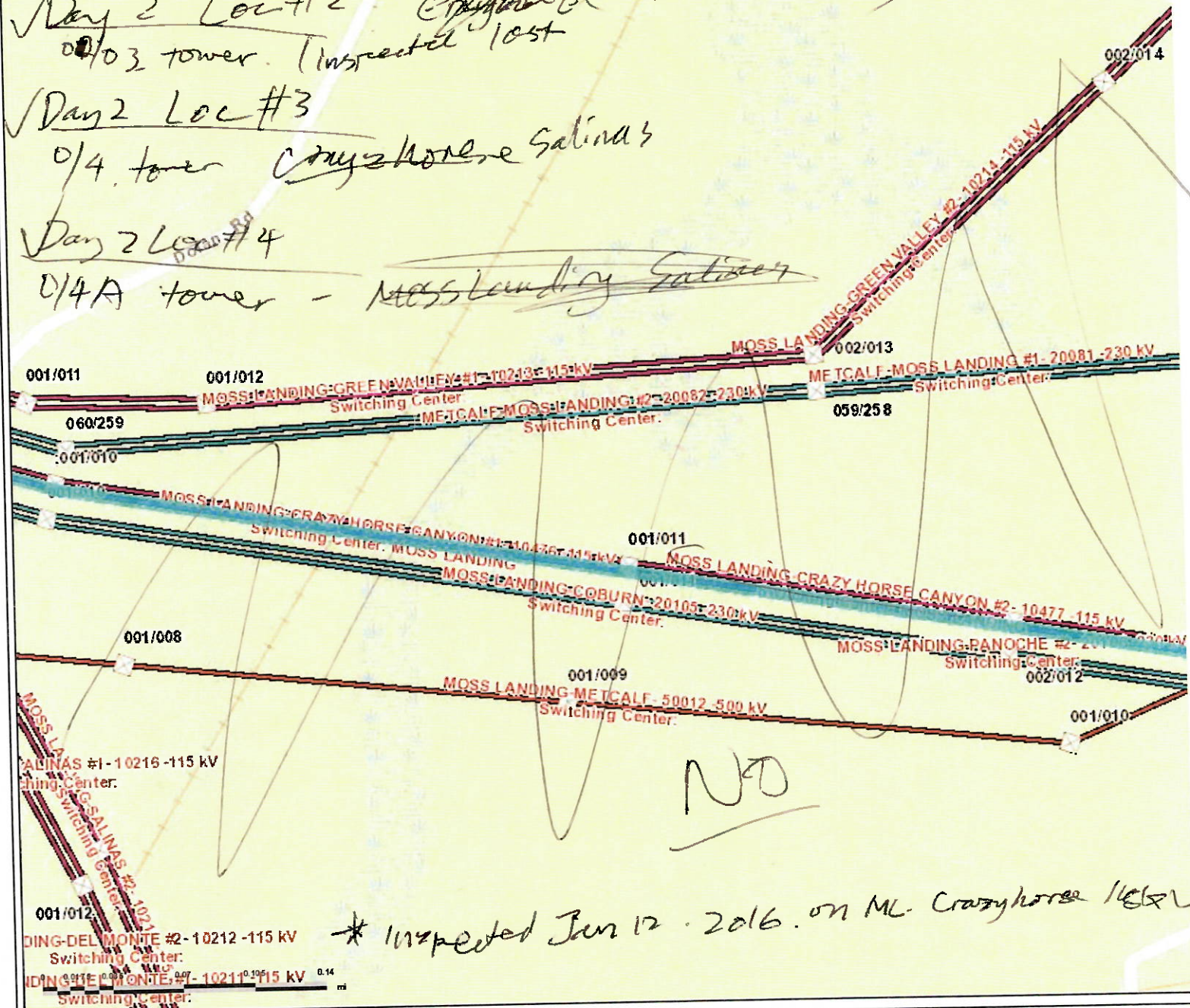


X Day 2 Loc #1 looked at 62? the tower collapsed
 500 kV poles; will build TSP instead of G95
 due to the redesign (or respect) of G95. #1 & 2

✓ Day 2 Loc #2 ^{Salinas} ~~Crazy Horse~~ - Moss Landing 115 kV
 001/03 tower. Inspected last

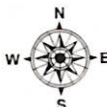
✓ Day 2 Loc #3
 0/4 tower ~~Crazy Horse~~ Salinas

Day 2 Loc #4
 0/4A tower - Moss Landing Salinas



* Inspected Jan 12, 2016. on ML Crazy Horse 115 kV

ETGIS Web Map



My Map

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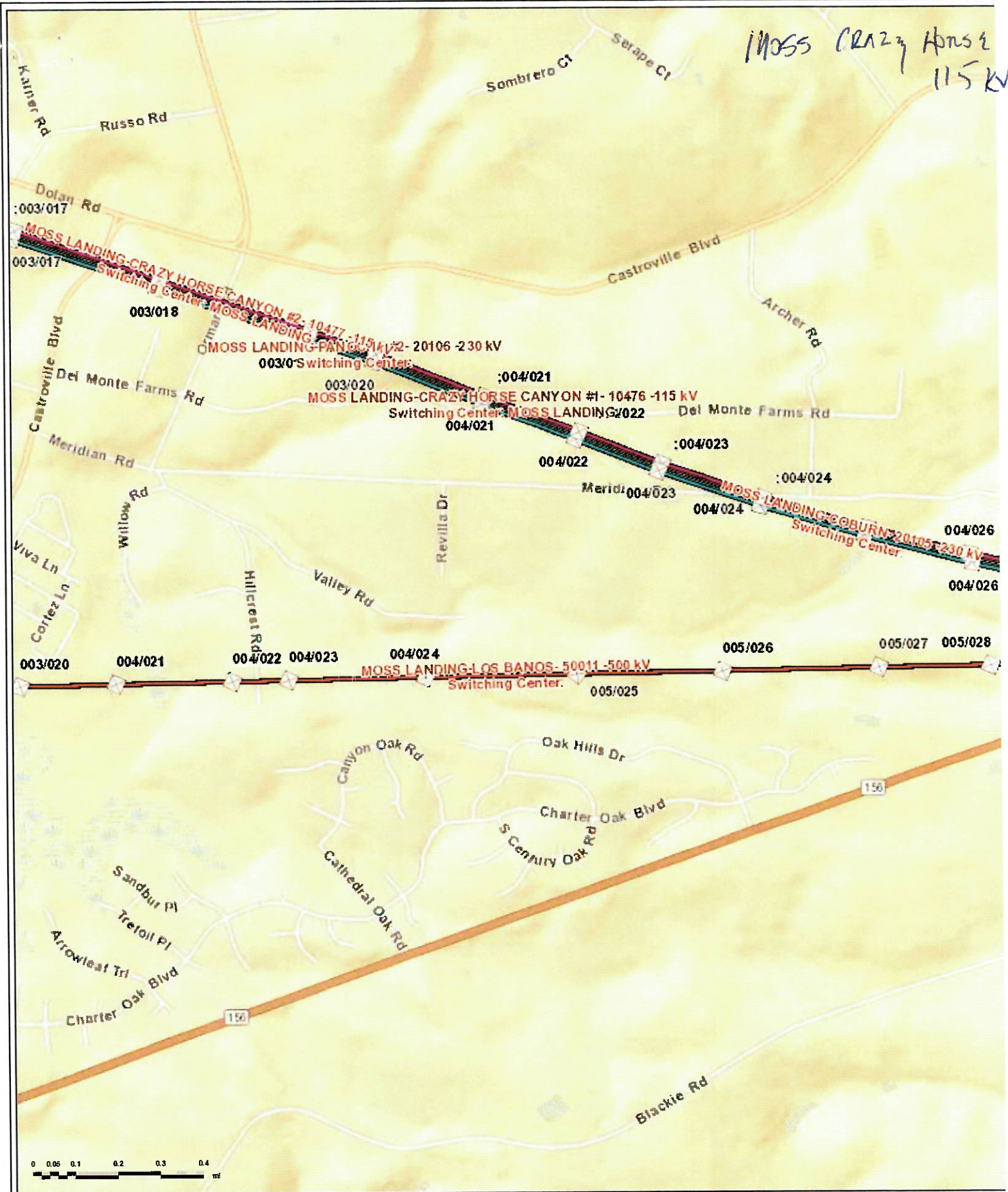


Printed Using ETGIS Web Application

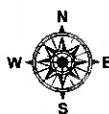
Author: ntle

Printed On: 4/4/2016

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100



ETGIS Web Map



My Map

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Author: rdt

Printed On: 4/4/2016

**Corrective Work Form
Electric Transmission
Line****PROBLEM DESCRIPTION** (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

M.L.-C.H.C.#1 1/9 DANGER SIGNS

INFORMATION REQUIRED BY QCR**INFORMATION COMPLETED BY FLS****INFORMATION BY QCR UPON**☒ **LC Notification****PRIORITY CHOICES:**

A = Immed/Safety

B = Urgt Compliance

C = Emergency Restore Service

E = Schd Compl Yr 0

☐ A ☐ B ☐ C ☒ E ☐ F ☐ G ☐ P

F = Schd Compl Yr 1+

G = Maintenance Compliance

P = System Repair/Improvement

Order#

Created Notification #
111313023**FACILITY TYPE****DAMAGE CODE****CAUSE CODE****ACTION**☒ Missing (MISS)☒ Installed (INST)**USER STATUSES**☒ LARGE EQUIPMENT - ACCH☒ T-LINE INSPECTION - INSP☒ OVERHEAD - OH☒ PUT ON HOLD WORK - POHW☒ REMOTE / AG / LOW POP - REMT☐☐☐☐☐☐☐☐☐☐☐**REFERENCE INFO****ETL#:** ETL.2930.TOWR**SAP EQUIPMENT #:** 40861490**FUNCTIONAL LOCATION** 10476 MSS LNDG-CRAZY HORSE-
(LINE NAME): #1-TOWER**PLANNER GROUP:** TLT**Latitude:** 36.801860000000**Longitude:** 121.757040000000-**CREW CLASS:** ETLEQP**CREW SIZE:** 00**WORK TYPE CODE:**

628

ESTIMATED TOTAL LABOR-HOURS TO COMPLETE:

(labor-hours = Crew Size x Hours to Complete - no travel time)

0.0

ANTICIPATED MATERIAL COSTS:**EXECUTION****REQUIRED END DATE:**

01/12/2017

MAIN WORK CENTER:

MOSSLNDG - Moss Landing

VOLTAGE:☐ 60 KV☐ 70 KV☐ 115 KV☐ 230 KV☐ 500 KV**LOCATION DATA (OPTIONAL INFORMATION)****STREET ADDRESS:** N/O 656 DOLAN RD**CITY:** MOSS LANDING**ZIP (if known):** 00000**DIVISION CODE (LOCATION):** CC**COUNTY CODE (PLANT SECTION)** 027**REPORTED BY (Name and LAN ID):** Dick Danieli (R1D3)**DATE FOUND (NOTIF DATE):** 01/12/2016**COMMENTS (LONG TEXT):** Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* 02/01/2016 13:42:12 PST Nancy Disch (NED2) Phone 831-633-6926

* - Voltage : 115 KV

* - Structure Type : STEEL

* - Structure ID : 001/009

*

* 001/009 INSTALL DANGER SIGNS ON TWR


Completed by:

(Name and LAN ID):

Date: / /**Actual Labor-Hours:****Reviewed by**

(Name and LAN ID):

Date: / /


	Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
	M.L.-C.H.C.#1 1/10 DANGER SIGNS		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# Created Notification # 111313025
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Missing (MISS)		<input checked="" type="checkbox"/> Installed (INST)
USER STATUSES			
<input checked="" type="checkbox"/> LARGE EQUIPMENT - ACCH <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT <input checked="" type="checkbox"/> SPECIAL CIRCUMSTANCE - SPCR <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLQEP	WORK TYPE CODE:
SAP EQUIPMENT #: 40589059		CREW SIZE: 00	628
FUNCTIONAL LOCATION 10476 MSS LNDG-CRAZY HORSE- (LINE NAME): #1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time)	
PLANNER GROUP: TLT	Latitude: 36.800860000000	0.0	
	Longitude: 121.753010000000-	ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 01/12/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: N/O 656 DOLAN RD		CITY: MOSS LANDING	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/12/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/01/2016 13:46:20 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure Type : STEEL			
* - Structure ID : ;001/010			
* - Special Circumstances : DRY WEATHER ONLY			
*			
* 001/010 INSTALL DANGER SIGNS ON TWR			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		M.L.-C.H.C.#1 2/12 X-ING MARKER	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# Created Notification # 111313028	
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Missing (MISS)		<input checked="" type="checkbox"/> Installed (INST)
USER STATUSES			
<input checked="" type="checkbox"/> LARGE EQUIPMENT - ACCH	<input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> T-LINE INSPECTION - INSP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> OVERHEAD - OH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40668635		CREW SIZE: 00	628
FUNCTIONAL LOCATION (LINE NAME): 10476 MSS LNDG-CRAZY HORSE-#1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time)	
PLANNER GROUP: TLT		0.0	
Latitude: 36.799990000000		ANTICIPATED MATERIAL COSTS:	
Longitude: 121.746300000000-			
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: N/O 797 DOLAN RD		CITY: MOSS LANDING	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/01/2016 13:48:59 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure Type : STEEL			
* - Structure ID : ;002/012			
*			
* 002/012 REPLACE OR REPAIR X-ING MARKER			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		M.L.-C.H.C.#1 2/15 AERIAL MARKER	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# Created Notification # 111313102	
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Missing (MISS)		<input checked="" type="checkbox"/> Installed (INST)
USER STATUSES			
<input checked="" type="checkbox"/> LARGE EQUIPMENT - ACCH	<input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> T-LINE INSPECTION - INSP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> OVERHEAD - OH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40751167		CREW SIZE: 00	628
FUNCTIONAL LOCATION (LINE NAME): 10476 MSS LNDG-CRAZY HORSE-#1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLT	Latitude: 36.798120000000	ANTICIPATED MATERIAL COSTS:	
	Longitude: 121.735510000000-		
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: N/O 892 DOLAN RD		CITY: CASTROVILLE	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/01/2016 13:55:32 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure Type : STEEL			
* - Structure ID : 002/015			
*			
* 002/015 MISSING AERIAL MARKER#15			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text -40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		M.L.-C.H.C.#1 2/15 DANGER SIGNS	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# Created Notification # 111313384	
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Missing (MISS)		<input checked="" type="checkbox"/> Installed (INST)
USER STATUSES			
<input checked="" type="checkbox"/> LARGE EQUIPMENT - ACCH	<input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> T-LINE INSPECTION - INSP	<input checked="" type="checkbox"/> SPECIAL CIRCUMSTANCE - SPCR	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> OVERHEAD - OH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40751167		CREW SIZE: 00	628
FUNCTIONAL LOCATION 10476 MSS LNDG-CRAZY HORSE- (LINE NAME): #1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time)	
PLANNER GROUP: TLT		0.0	
Latitude: 36.798120000000		ANTICIPATED MATERIAL COSTS:	
Longitude: 121.735510000000-			
EXECUTION			
REQUIRED END DATE: 01/13/2017		MAIN WORK CENTER: MOSSLNDG - Moss Landing	
VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV			
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: N/O 892 DOLAN RD		CITY: CASTROVILLE	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/01/2016 15:08:28 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure Type : STEEL			
* - Structure ID : ;002/015			
* - Special Circumstances : DRY WEATHER ONLY			
*			
* 002/015 INSTALL MISSING DANGER SIGNS			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		M.L.-C.H.C.#1 2/16 DANGER SIGNS	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# Created Notification # 111314563	
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Missing (MISS)		<input checked="" type="checkbox"/> Installed (INST)
USER STATUSES			
<input checked="" type="checkbox"/> LARGE EQUIPMENT - ACCH	<input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> T-LINE INSPECTION - INSP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> OVERHEAD - OH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLQEP	WORK TYPE CODE:
SAP EQUIPMENT #: 40809590		CREW SIZE: 00	628
FUNCTIONAL LOCATION 10476 MSS LNDG-CRAZY HORSE- (LINE NAME): #1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLT	Latitude: 36.797170000000	ANTICIPATED MATERIAL COSTS:	
	Longitude: 121.731920000000-		
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: N/O 892 DOLAN RD		CITY: CASTROVILLE	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/01/2016 15:25:15 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure Type : STEEL			
* - Structure ID : ;002/016			
*			
* 002/016 INSTALL MISSING DANGER SIGNS			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

	Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
	M.L.-C.H.C.#1 3/17 CLIMBING GUARD		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 31221136 Created Notification # 111316786
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Clearance Impaired (CLER)		<input checked="" type="checkbox"/> Installed (INST)
USER STATUSES			
<input checked="" type="checkbox"/> MEDIUM EQUIPMENT - ACCM <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> RELEASE WORK - RELW	<input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD <input checked="" type="checkbox"/> SPECIAL CIRCUMSTANCE - SPCR <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40812872		CREW SIZE: 00	400
FUNCTIONAL LOCATION 10476 MSS LNDG-CRAZY HORSE- (LINE NAME): #1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right; font-size: x-small;">0.0</div>	
PLANNER GROUP: TLN	Latitude: 36.796100000000	ANTICIPATED MATERIAL COSTS:	
	Longitude: 121.728160000000-		
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/01/2016 16:07:32 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure ID : 003/017			
* - Special Circumstances : DRY WEATHER ONLY			
*			
* 003/017 INSTALL ANTI-CLIMBING GUARD			
*			
* 03/03/2016 16:14:43 PST Laurie Sholler (LFP1) Phone 559-263-5041			
* 31221136 - copies to Rick Tankersley			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

M.L.-C.H.C.#1 3/17 CLIMBING GUARD

Reviewed by
(Name and LAN ID):


Date: / /


Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		M.L.-C.H.C.#1 3/17 RUSTED STUBS	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# Created Notification # 111317402	
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
			<input checked="" type="checkbox"/> Repaired (REPA)
USER STATUSES			
<input checked="" type="checkbox"/> LARGE EQUIPMENT - ACCH <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40812872		CREW SIZE: 00	543
FUNCTIONAL LOCATION 10476 MSS LNDG-CRAZY HORSE- (LINE NAME): #1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLQ	Latitude: 36.796100000000 Longitude: 121.728160000000-	ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). * 02/01/2016 16:20:08 PST Nancy Disch (NED2) Phone 831-633-6926 * - Voltage : 115 KV * - Structure Type : STEEL * - Structure ID : ;003/017 * * 003/017 REPAIR RUSTED STUBS			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	


Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		M.L.-C.H.C.#1 3/17 DAMAGED STEEL	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# Created Notification # 111316789	
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Broken/Damaged (BROK)		<input checked="" type="checkbox"/> Repaired (REPA)
USER STATUSES			
<input checked="" type="checkbox"/> MEDIUM EQUIPMENT - ACCM	<input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> T-LINE INSPECTION - INSP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> OVERHEAD - OH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLQEP	WORK TYPE CODE:
SAP EQUIPMENT #: 40812872		CREW SIZE: 00	543
FUNCTIONAL LOCATION 10476 MSS LNDG-CRAZY HORSE- (LINE NAME): #1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time)	
PLANNER GROUP: TLQ	Latitude: 36.796100000000	0.0	
	Longitude: 121.728160000000-	ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 959 DOLAN RD		CITY: CASTROVILLE	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/01/2016 16:17:35 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure Type : STEEL			
* - Structure ID : 003/017			
*			
* 003/017 REPAIR BROKEN STEEL			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	


Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		M.L.-C.H.C.#1 3/19 DANGER SIGNS	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# Created Notification # 111317406	
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Missing (MISS)		<input checked="" type="checkbox"/> Installed (INST)
USER STATUSES			
<input checked="" type="checkbox"/> LIGHT EQUIPMENT - ACCL	<input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> T-LINE INSPECTION - INSP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> OVERHEAD - OH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40861492		CREW SIZE: 00	543
FUNCTIONAL LOCATION (LINE NAME): 10476 MSS LNDG-CRAZY HORSE-#1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLQ	Latitude: 36.793430000000 Longitude: 121.718200000000-	ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 14719 CASTROVILLE BLVD		CITY: CASTROVILLE	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). * 02/01/2016 16:23:28 PST Nancy Disch (NED2) Phone 831-633-6926 * - Voltage : 115 KV * - Structure Type : STEEL * - Structure ID : ;003/019 * * 003/019 INSTALL DANGER SIGNS			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	


Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		M.L.-C.H.C.#1 3/19 RUSTED STUBS	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# Created Notification # 111317408	
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
			<input checked="" type="checkbox"/> Repaired (REPA)
USER STATUSES			
<input checked="" type="checkbox"/> LIGHT EQUIPMENT - ACCL <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> NO ROAD ACCESS - NOAC <input checked="" type="checkbox"/> OVERHEAD - OH	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input checked="" type="checkbox"/> REAR EASEMENT - REAR <input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40861492		CREW SIZE: 00	543
FUNCTIONAL LOCATION 10476 MSS LNDG-CRAZY HORSE- (LINE NAME): #1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLQ	Latitude: 36.793430000000	ANTICIPATED MATERIAL COSTS:	
	Longitude: 121.718200000000-		
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 14719 CASTROVILLE BLVD		CITY: CASTROVILLE	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/01/2016 16:28:30 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure Type : STEEL			
* - Structure ID : ;003/019			
*			
* 003/019 REPAIR RUSTED STUBS			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	


	Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
	M.L.-C.H.C.#1 3/20 AERIAL MARKER		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# Created Notification # 111317496
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Missing (MISS)		<input checked="" type="checkbox"/> Installed (INST)
USER STATUSES			
<input checked="" type="checkbox"/> MEDIUM EQUIPMENT - ACCM <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> NO ROAD ACCESS - NOAC <input checked="" type="checkbox"/> OVERHEAD - OH	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input checked="" type="checkbox"/> REAR EASEMENT - REAR <input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLQRP	WORK TYPE CODE:
SAP EQUIPMENT #: 40588924		CREW SIZE: 00	543
FUNCTIONAL LOCATION 10476 MSS LNDG-CRAZY HORSE- (LINE NAME): #1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right; font-size: x-small;">0.0</div>	
PLANNER GROUP: TLQ	Latitude: 36.792840000000	ANTICIPATED MATERIAL COSTS:	
	Longitude: 121.716990000000-		
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 14905 DEL MONTE FARMS		CITY: CASTROVILLE	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/01/2016 17:16:59 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure Type : STEEL			
* - Structure ID : ;003/020			
*			
* 003/020 INSTALL MISSING AERIAL MARKER #20			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		M.L.-C.H.C.#1 3/20 DANGER SIGNS	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# Created Notification # 111317499	
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Missing (MISS)		<input checked="" type="checkbox"/> Installed (INST)
USER STATUSES			
<input checked="" type="checkbox"/> LIGHT EQUIPMENT - ACCL	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> T-LINE INSPECTION - INSP	<input checked="" type="checkbox"/> REAR EASEMENT - REAR	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> NO ROAD ACCESS - NOAC	<input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> OVERHEAD - OH	<input checked="" type="checkbox"/> SPECIAL CIRCUMSTANCE - SPCR	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40588924		CREW SIZE: 00	543
FUNCTIONAL LOCATION (LINE NAME): 10476 MSS LNDG-CRAZY HORSE-#1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLQ	Latitude: 36.792840000000	ANTICIPATED MATERIAL COSTS:	
	Longitude: 121.716990000000-		
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 14905 DEL MONTE FARMS		CITY: CASTROVILLE	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION): 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)		DATE FOUND (NOTIF DATE): 01/13/2016	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/01/2016 17:20:29 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure ID : ;003/020			
* - Special Circumstances : DRY WEATHER/HORSE RANCH			
*			
* 3/20 INSTALL DANGER SIGNS			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	


	Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
	M.L.-C.H.C.#1 3/20 RUSTED STUBS		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# Created Notification # 111317511
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
			<input checked="" type="checkbox"/> Repaired (REPA)
USER STATUSES			
<input checked="" type="checkbox"/> LIGHT EQUIPMENT - ACCL <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> NO ROAD ACCESS - NOAC <input checked="" type="checkbox"/> OVERHEAD - OH	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input checked="" type="checkbox"/> REAR EASEMENT - REAR <input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLQRP	WORK TYPE CODE:
SAP EQUIPMENT #: 40588924		CREW SIZE: 00	543
FUNCTIONAL LOCATION 10476 MSS LNDG-CRAZY HORSE- (LINE NAME): #1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time)	
PLANNER GROUP: TLQ	Latitude: 36.792840000000	0.0	
	Longitude: 121.716990000000-	ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 14905 DEL MONTE FARMS		CITY: CASTROVILLE	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/01/2016 17:23:41 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure Type : STEEL			
* - Structure ID : ;003/020			
*			
* 003/020 REPAIR RUSTED STUBS			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

	Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 M.L.-C.H.C.#1 4/21 ANTI-CLIMB GUARD	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 31221136 Created Notification # 111317551
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Clearance Impaired (CLER)		<input checked="" type="checkbox"/> Installed (INST)
USER STATUSES			
<input checked="" type="checkbox"/> MEDIUM EQUIPMENT - ACCM <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> NO ROAD ACCESS - NOAC <input checked="" type="checkbox"/> OVERHEAD - OH	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD <input checked="" type="checkbox"/> SPECIAL CIRCUMSTANCE - SPCR <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLQEP	WORK TYPE CODE:
SAP EQUIPMENT #: 40585528		CREW SIZE: 00	400
FUNCTIONAL LOCATION 10476 MSS LNDG-CRAZY HORSE- (LINE NAME): #1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLQ	Latitude: 36.712370000000 Longitude: 121.791740000000-		ANTICIPATED MATERIAL COSTS:
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 15083 DEL MONTE FARMS		CITY: CA	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/01/2016 17:53:05 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure Type : STEEL			
* - Structure ID : ;004/021			
* - Special Circumstances : DRY WEATHER ONLY			
*			
* 004/021 INSTALL ANTI-CLIMBING GUARD			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 M.L.-C.H.C.#1 4/21 DANGER SIGNS	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# Created Notification # 111317554
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Missing (MISS)		<input checked="" type="checkbox"/> Installed (INST)
USER STATUSES			
<input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> NO ROAD ACCESS - NOAC <input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input checked="" type="checkbox"/> REAR EASEMENT - REAR <input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD <input checked="" type="checkbox"/> SPECIAL CIRCUMSTANCE - SPCR <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40585528		CREW SIZE: 00	543
FUNCTIONAL LOCATION 10476 MSS LNDG-CRAZY HORSE- (LINE NAME): #1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLQ	Latitude: 36.712370000000 Longitude: 121.791740000000-	ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 15083 DEL MONTE FARMS		CITY: CASTROVILLE	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/01/2016 18:09:11 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure Type : STEEL			
* - Structure ID : ;004/021			
* - Special Circumstances : DRY WEATHER/HORSE RANCH			
*			
* 004/021 INSTALL DANGER SIGNS			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

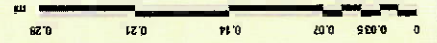
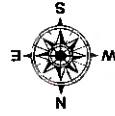
	Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
	M.L.-CRAZY HORSE CYN#1 4/23 DANGER SIGNS		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# Created Notification # 111328086
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Missing (MISS)		<input checked="" type="checkbox"/> Installed (INST)
USER STATUSES			
<input checked="" type="checkbox"/> MEDIUM EQUIPMENT - ACCM <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> NO ROAD ACCESS - NOAC <input checked="" type="checkbox"/> OVERHEAD - OH	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLQWP	WORK TYPE CODE:
SAP EQUIPMENT #: 40658923		CREW SIZE: 00	543
FUNCTIONAL LOCATION 10476 MSS LNDG-CRAZY HORSE- (LINE NAME): #1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLQ	Latitude: 36.789850000000	ANTICIPATED MATERIAL COSTS:	
	Longitude: 121.706530000000-		
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 15120 MERIDIAN	CITY: CASTROVILLE	ZIP (if known): 00000	
DIVISION CODE (LOCATION): CC	COUNTY CODE (PLANT SECTION) 027		
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)		DATE FOUND (NOTIF DATE): 01/13/2016	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/04/2016 09:37:33 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure Type : STEEL			
* - Structure ID : ;004/023			
*			
* 004/023 INSTALL DANGER SIGNS			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		M.L.-CRAZY HORSE CYN#1 4/23 RUSTED STUBS	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# Created Notification # 111328548
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
			<input checked="" type="checkbox"/> Repaired (REPA)
USER STATUSES			
<input checked="" type="checkbox"/> MEDIUM EQUIPMENT - ACCM <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> NO ROAD ACCESS - NOAC <input checked="" type="checkbox"/> OVERHEAD - OH	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40658923		CREW SIZE: 00	543
FUNCTIONAL LOCATION (LINE NAME): 10476 MSS LNDG-CRAZY HORSE-#1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLQ	Latitude: 36.789850000000 Longitude: 121.706530000000-	ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 15120 MERIDIAN		CITY: CASTROVILLE	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION): 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/04/2016 11:11:37 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure Type : STEEL			
* - Structure ID : ;004/023			
* 004/023 REPAIR RUSTED STUBS			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

	Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
	M.L.-CRAZY HORSE CYN#1 4/25 AERIAL MARKR		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# Created Notification # 111328646
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Missing (MISS)		<input checked="" type="checkbox"/> Installed (INST)
USER STATUSES			
<input checked="" type="checkbox"/> LIGHT EQUIPMENT - ACCL <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> NO ROAD ACCESS - NOAC <input checked="" type="checkbox"/> OVERHEAD - OH	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT <input checked="" type="checkbox"/> SPECIAL CIRCUMSTANCE - SPCR <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40751265		CREW SIZE: 00	543
FUNCTIONAL LOCATION (LINE NAME): 10476 MSS LNDG-CRAZY HORSE-#1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLQ	Latitude: 36.788090000000	ANTICIPATED MATERIAL COSTS:	
Longitude: 121.699750000000-			
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 15658 MERIDIAN		CITY: CASTROVILLE	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/04/2016 12:00:15 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure Type : STEEL			
* - Structure ID : :004/025			
* - Special Circumstances : DRY WEATHER ONLY			
*			
* 004/025 INSTALL AERIAL MARKER #25			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		M.L.-CRAZY HORSE CYN#1 4/25 CLEAR CAGE	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# Created Notification # 111328725
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
			<input checked="" type="checkbox"/> Removed (REMV)
USER STATUSES			
<input checked="" type="checkbox"/> LIGHT EQUIPMENT - ACCL <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> NO ROAD ACCESS - NOAC <input checked="" type="checkbox"/> OVERHEAD - OH	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40751265		CREW SIZE: 00	564
FUNCTIONAL LOCATION 10476 MSS LNDG-CRAZY HORSE- (LINE NAME): #1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLV	Latitude: 36.788090000000 Longitude: 121.699750000000-	ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 15658 MERIDIAN		CITY: CASTROVILLE	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): R1D		DATE FOUND (NOTIF DATE): 01/13/2016	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/04/2016 12:28:55 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure Type : STEEL			
* - Structure ID : ;004/025			
*			
* 004/025 CLEAR CAGE OF VEGETATION			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

ETGIS Web Map



My Map

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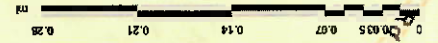
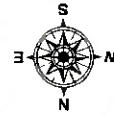


Printed On: 4/6/2016

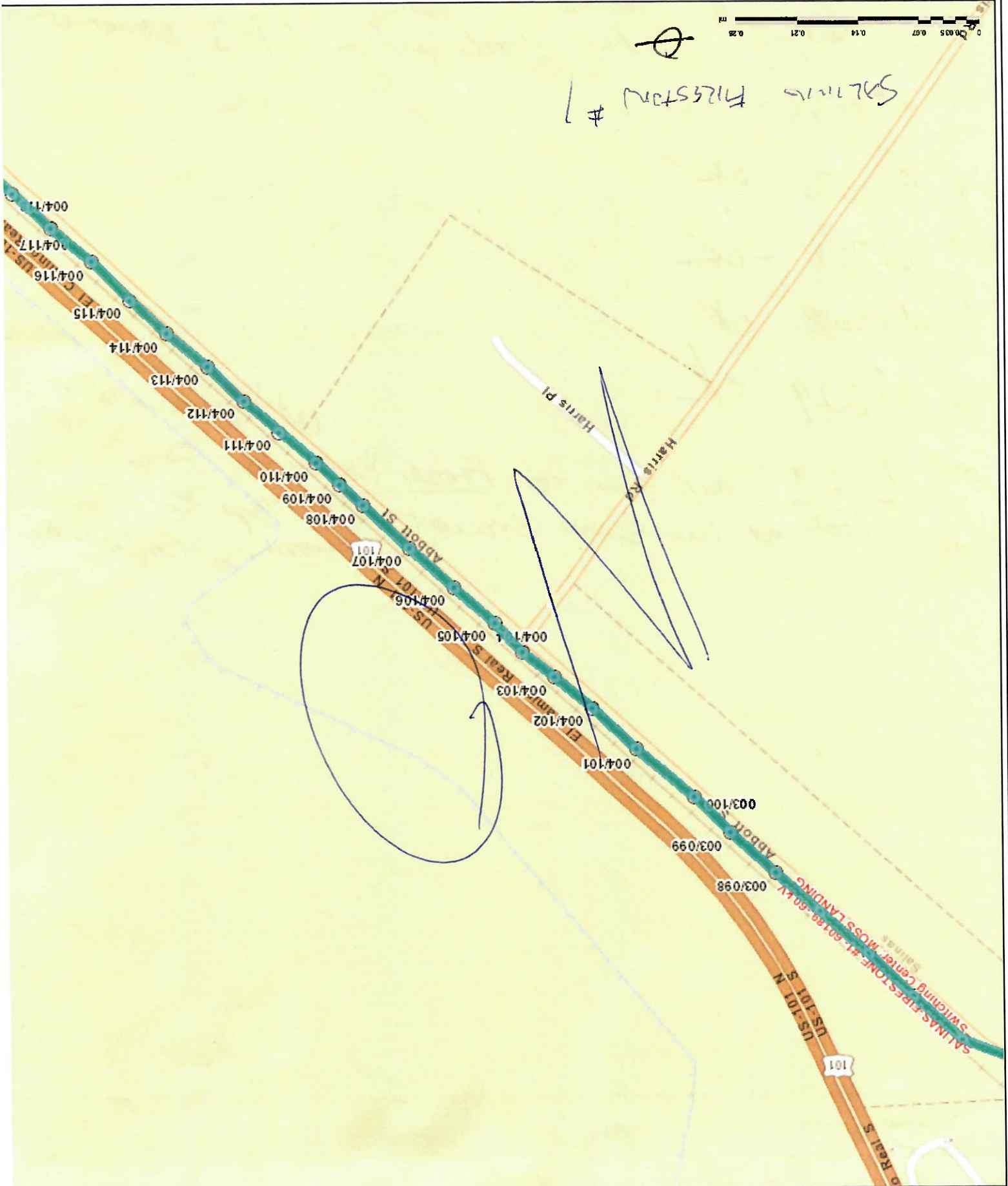
Author: rde

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SALINAS FIRESTORM #1



Day 2
Loc #15

START

inspected ?? - Along 107
Harkin. close south of Firestone business park
10/234 - 60KV Salinas firestone
leiken 12 kv underbuilt. (T-I construction)

(6)

#6 10/233. - OK

#7 10/232 - OK

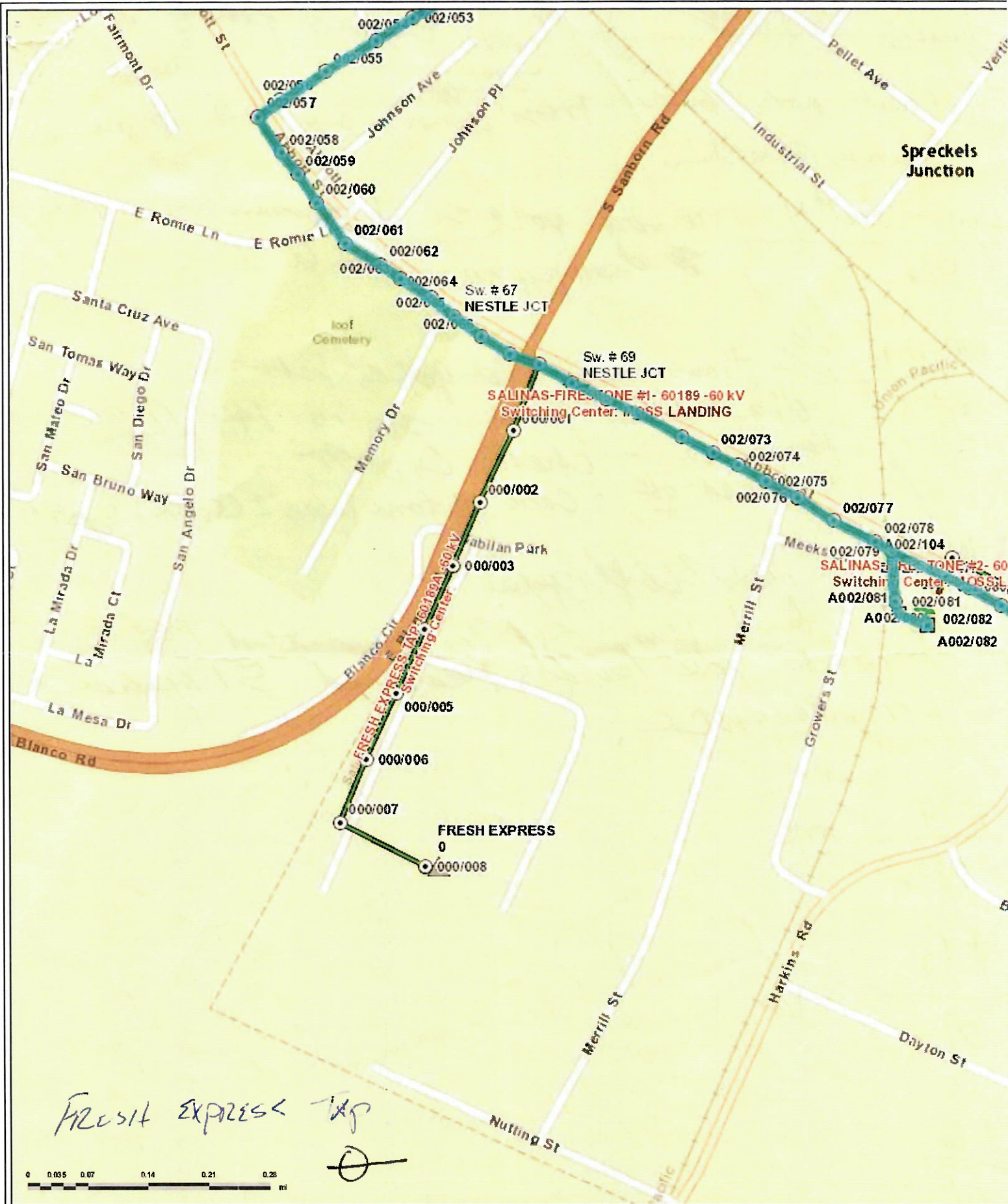
#8 10/231 - OK

#9 10/230 - OK

#10 10/229 - OK

(adequacy?)
Plant in Salinas

== Lunch. and then to Fresh Express Parking lot
to look at the same circuit (a tap line to
customer Substation)



ETGIS Web Map



My Map

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Author: rdt

Printed On: 4/4/2016

Lunch Day 2 ^{OK} → Fresh Express plant in

check out 60KV ^{Salinas} Fresh Express tap off from
Salinas Fire Station.

Day 2 Loc #11 - wood pole s. T construction with
0/6. ~~dist~~ distribution under bus

#12 ^{OK} - transmission DG poles between 2
0/7 distribution poles ~~to~~ is 14-16"
clearance - check GO 95 -
checked OK - Case 19 from Table 1 (GO 95) says 9".

#13 Height 60 ft ~~pole~~
0/5 found lean 4.0%. Requested P&E
to re-do pole load; Measured 51 inches
circumference.

#14 OK
0/3

#15 OK
0/2

#16
0/1

60
-9

$$\cos 5^\circ = \frac{y}{51}$$
$$y = 50.8'$$

5.5. part 5. (scale)
x

$$y = 50.8'$$

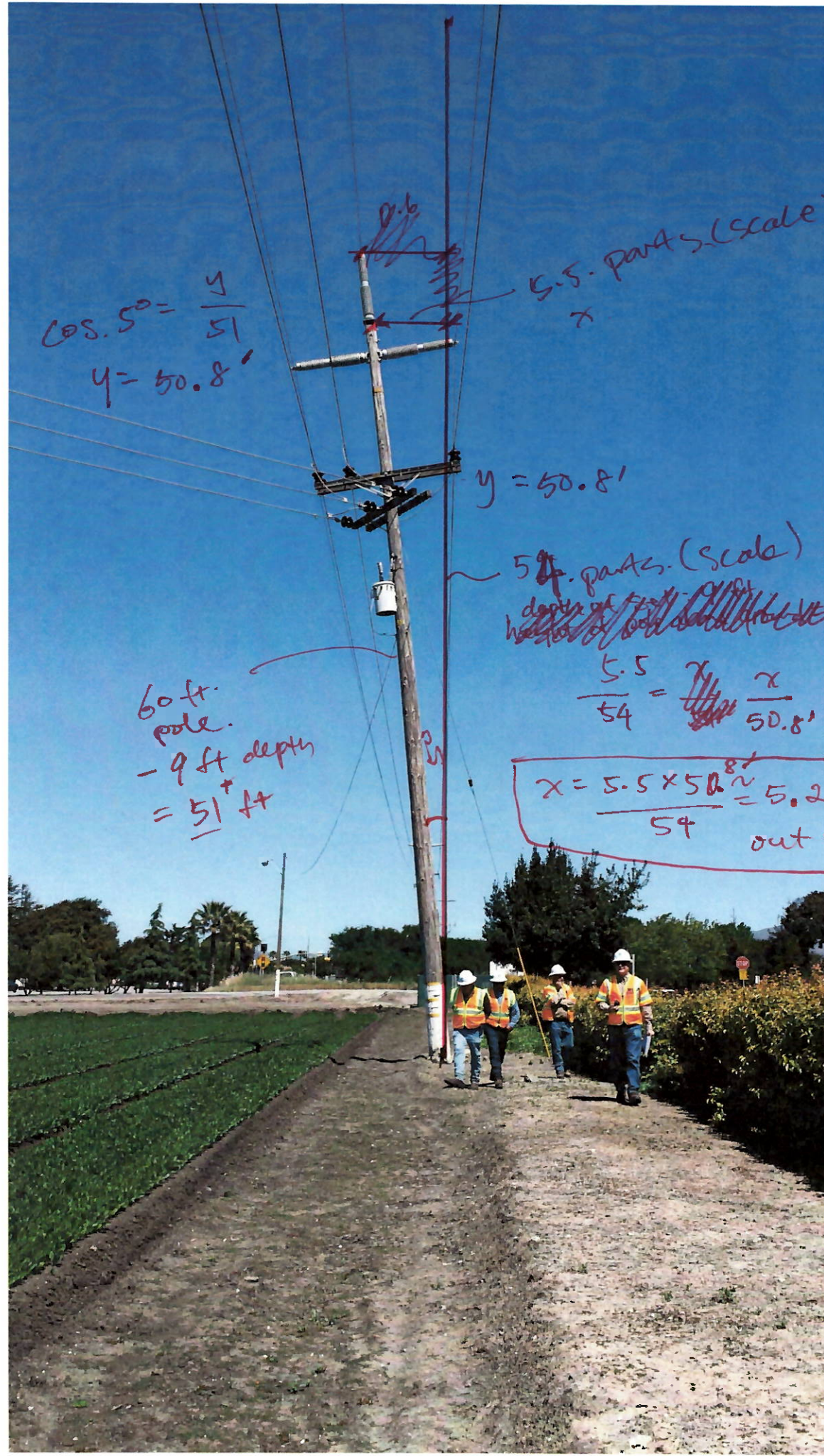
54. part 5. (scale)

depth of hole = 9 ft
height of pole = 60 ft
total height = 69 ft

$$\frac{5.5}{54} = \frac{x}{50.8'}$$

$$x = \frac{5.5 \times 50.8'}{54} = 5.2 \text{ ft out of plumb.}$$

60 ft. pole.
- 9 ft depth
= 51' ft

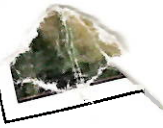


—

—

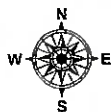
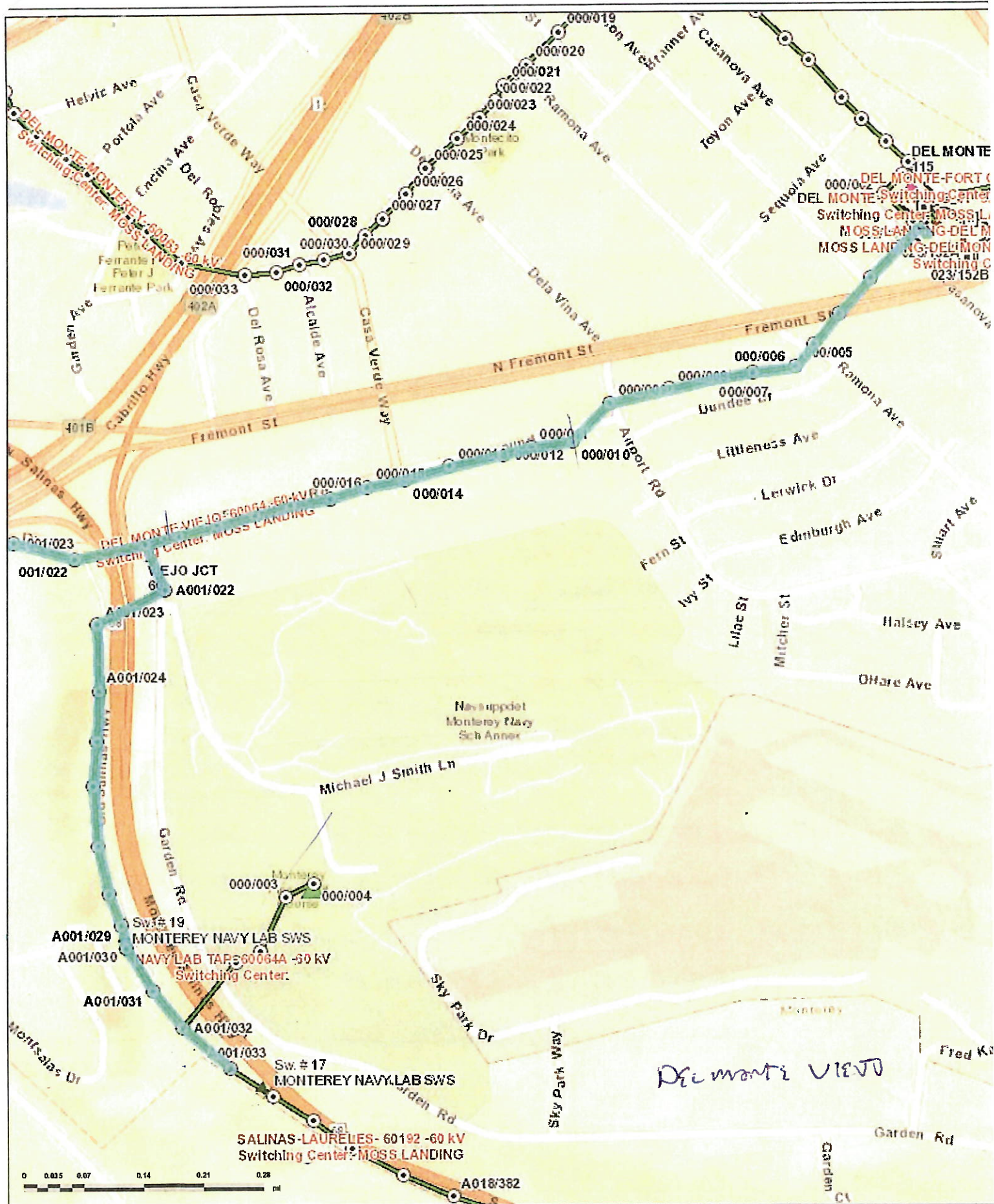


Day 3 #1 ✓ - Moss Landing - Crazyhoney
Tower 0/3 #1 & #2 115km.



Day 3 #2 ✓
0/2 - attached former opt 2

Day 3 #3 ✓
0/4



Day 3 Loc #4 Del Monte Viejo - 60 kV
w/ pole 0/1. - stubbed pole came out of
Sub station - ok at Kolo Ave / Casanova
Monterey

Loc #5

Pole 0/2 - inspected intrusion 2015 - OK

Loc #6

Pole 0/3 - stubbed pole at Pacific Inn. (N Forest St)

found a 1 inch broken ground molding for transmission
bonding wire for insulators (leverage current)

Loc #7

Pole 0/4 - ~~also~~ Also HV not found shortly below
I. (but below dist.), need to check
vertical run. (Common neutral) - need
to check code if it's exempt. OK

Loc #8


Pole 0/5. - no pole steps with dist. riser


(dist. may created a tag. will check)


- nail from CP span guy sticks out beyond 1.5 inch
climbing space issue. (stick out 2 inch. measured)


- transmission ~~DO~~ almost touching bottom phase
Santa side, of. 60 kV. (1-inch) need to check
code OK. checked 1-5 inch clearance for
supply hardware to metallic parts. (not exactly
the case but similar to this application)


b/c. ~~run~~ run was
not in climb space
and is a GW.


 Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2		
	DEL MONTE-VIEJO 0/8 SPLICES <10' OUT		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# Created Notification # 111207365
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
			<input checked="" type="checkbox"/> Replaced (REPL)
USER STATUSES			
<input checked="" type="checkbox"/> LARGE EQUIPMENT - ACCH <input checked="" type="checkbox"/> CLEARANCE REQUIRED - CLR <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> OVERHEAD - OH	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6710.INSL		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40886668		CREW SIZE: 00	630
FUNCTIONAL LOCATION 60064 DEL MONTE-VIEJO (NO (LINE NAME): FLY)-INSULATO		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLP	Latitude: 0.000000000000	ANTICIPATED MATERIAL COSTS:	
	Longitude: 0.000000000000		
EXECUTION			
REQUIRED END DATE: 01/13/2018	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: BRUCE LANE		CITY: MONTEREY	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Douglas Brady (DABP)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 01/21/2016 15:43:23 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 60 KV			
* - Structure Type : WOOD			
* - Structure ID : 000/008			
*			
* REPLACES 3, 266 AL.SPLICES THAT ARE LESS THAN 10' AWAY FROM			
* INSULATORS			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	


	Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
	DEL MONTE-VIEJO 1/35 RUSTY D.E. BELLS		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 31219247 Created Notification # 111207366
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Broken/Damaged (BROK)		<input checked="" type="checkbox"/> Replaced (REPL)
USER STATUSES			
<input checked="" type="checkbox"/> LARGE EQUIPMENT - ACCH <input checked="" type="checkbox"/> CLEARANCE REQUIRED - CLR <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> OVERHEAD - OH	<input checked="" type="checkbox"/> RELEASE WORK - RELW <input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD <input checked="" type="checkbox"/> TRAFFIC CONTROL PLAN REQD - TR <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6710.INSL		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40800518		CREW SIZE: 00	508
FUNCTIONAL LOCATION 60064 DEL MONTE-VIEJO (NO FLY)-INSULATO (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLP	Latitude: 0.000000000000	ANTICIPATED MATERIAL COSTS:	
	Longitude: 0.000000000000		
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: AQUAJITO	CITY: MONTEREY	ZIP (if known): 00000	
DIVISION CODE (LOCATION): CC	COUNTY CODE (PLANT SECTION) 027		
REPORTED BY (Name and LAN ID): Douglas Brady (DABP)		DATE FOUND (NOTIF DATE): 01/13/2016	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 01/21/2016 15:47:35 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 60 KV			
* - Structure Type : WOOD			
* - Structure ID : 001/035			
*			
* 1/35 REPLACE RUSTY DEAD END BELLS			
* DO ION CONJUNCTION WITH TAG TO REPAIR WOODPECKER HOLE			
*			
* 02/12/2016 19:07:32 PST BCH_WM_ORDER (BCH_WM_ORDER)			
* 000111322348 - AEA Results: PIQ required,			
* 000111322458 - AEA Results: PIQ required,			

 Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
	DEL MONTE-VIEJO 1/35 RUSTY D.E. BELLS	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).		
* 000111322587 - AEA Results: PIQ required.		
Completed by: (Name and LAN ID):	Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):	Date: / /	


 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 DEL MONTE-VIEJO 1/35 WOODPECKER HOLES	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	Order# Created Notification # 111207367
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
			<input checked="" type="checkbox"/> Repaired (REPA)
USER STATUSES			
<input checked="" type="checkbox"/> LARGE EQUIPMENT - ACCH <input checked="" type="checkbox"/> CLEARANCE REQUIRED - CLR <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> OVERHEAD - OH	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6710.POLE.WOOD		CREW CLASS: ETLQEP	WORK TYPE CODE:
SAP EQUIPMENT #: 40768963		CREW SIZE: 00	630
FUNCTIONAL LOCATION 60064 DEL MONTE-VIEJO (NO FLY)-WOOD (LINE NAME): POL		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLP	Latitude: 36.590438000000 Longitude: 121.879701000000-	ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: AQUAJITO		CITY: MONTEREY	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Douglas Brady (DABP)		DATE FOUND (NOTIF DATE): 01/13/2016	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 01/21/2016 15:50:23 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 60 KV			
* - Structure Type : WOOD			
* - Structure ID : 001/035			
*			
* REPAIR WOODPECKER HOLE AT TOP OF POLE			
* DO OIN CONJUNCTION WITH TAG TO REPLACE D.E. BELLS			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		DEL MONTE-VIEJO 2/50 RUSTY INSULATORS	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 31219247 Created Notification # 111207368
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Broken/Damaged (BROK)		<input checked="" type="checkbox"/> Replaced (REPL)
USER STATUSES			
<input checked="" type="checkbox"/> LARGE EQUIPMENT - ACCH <input checked="" type="checkbox"/> CLEARANCE REQUIRED - CLR <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> OVERHEAD - OH	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD <input checked="" type="checkbox"/> TRAFFIC CONTROL PLAN REQD - TR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6710.INSL		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40640139		CREW SIZE: 00	508
FUNCTIONAL LOCATION 60064 DEL MONTE-VIEJO (NO FLY)-INSULATO (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLN	Latitude: 0.000000000000 Longitude: 0.000000000000	ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: AQUAJITO		CITY: MONTEREY	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Douglas Brady (DABP)		DATE FOUND (NOTIF DATE): 01/13/2016	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). * 01/21/2016 15:53:12 PST Nancy Disch (NED2) Phone 831-633-6926 * - Voltage : 60 KV * - Structure Type : WOOD * - Structure ID : 002/050 * * 002/050 REPLACE RUSTY INSULATORS ON TRI KIT * DO IN CONJUNCTION WITH TAG TO REPAIR WOODPECKER HOLE			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 DEL MONTE-VIEJO 2/50 WOODPECKER HOLE	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# Created Notification # 111207369
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
			<input checked="" type="checkbox"/> Repaired (REPA)
USER STATUSES			
<input checked="" type="checkbox"/> LARGE EQUIPMENT - ACCH <input checked="" type="checkbox"/> CLEARANCE REQUIRED - CLR <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> OVERHEAD - OH	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD <input checked="" type="checkbox"/> TRAFFIC CONTROL PLAN REQD - TR <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6710.POLE.WOOD		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40613937		CREW SIZE: 00	630
FUNCTIONAL LOCATION 60064 DEL MONTE-VIEJO (NO FLY)-WOOD (LINE NAME): POL		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLP	Latitude: 36.583323000000	ANTICIPATED MATERIAL COSTS:	
	Longitude: 121.874262000000-		
EXECUTION			
REQUIRED END DATE: 01/13/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: AQUAJITO		CITY: MONTEREY	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Douglas Brady (DABP)			DATE FOUND (NOTIF DATE): 01/13/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 01/21/2016 16:03:04 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 60 KV			
* - Structure Type : WOOD			
* - Structure ID : 002/050			
*			
* 002/050 REPAIR WOODPECKER HOLE BELOW TRI KIT			
* DO IN CONJUNCTION WITH REPLACING RUSTY INSULATORS			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 DEL MONTE-VIEJO 4/100 CLEAR VEG	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# Created Notification # 111322342
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Overgrown (OVRG)		<input checked="" type="checkbox"/> Removed (REMV)
USER STATUSES			
<input checked="" type="checkbox"/> EXTREME/HIGH FIRE AREA - FIRE <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> NO ROAD ACCESS - NOAC <input checked="" type="checkbox"/> OVERHEAD - OH	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT <input checked="" type="checkbox"/> SPECIAL CIRCUMSTANCE - SPCR <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6710.POLE.WOOD		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40600102		CREW SIZE: 00	564
FUNCTIONAL LOCATION 60064 DEL MONTE-VIEJO (NO FLY)-WOOD (LINE NAME): POL		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLV	Latitude: 36.559992000000	ANTICIPATED MATERIAL COSTS:	
	Longitude: 121.888514000000-		
EXECUTION			
REQUIRED END DATE: 01/20/2018		MAIN WORK CENTER: MOSSLNDG - Moss Landing	
VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV			
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 2911 PINE HILLS DRIVE		CITY: MONTEREY	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/20/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). * 02/02/2016 09:06:05 PST Nancy Disch (NED2) Phone 831-633-6926 * - Voltage : 60 KV * - Structure Type : WOOD * - Structure ID : 004/100 * - Special Circumstances : DRY WEATHER ONLY * * 004/100 REMOVE VEGETATION FROM AND AROUND GUY FOOT ACCESS ONLY			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		DEL MONTE-VIEJO 4/101 INSTALL ANCHOR	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 31219251 Created Notification # 111322348
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Missing (MISS)		<input checked="" type="checkbox"/> Installed (INST)
USER STATUSES			
<input checked="" type="checkbox"/> CLEARANCE REQUIRED - CLR <input checked="" type="checkbox"/> EXTREME/HIGH FIRE AREA - FIRE <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> NO ROAD ACCESS - NOAC	<input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> RELEASE WORK - RELW <input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT <input checked="" type="checkbox"/> SPECIAL CIRCUMSTANCE - SPCR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6710.POLE.NWOD		CREW CLASS: ETLQEP	WORK TYPE CODE: 637
SAP EQUIPMENT #: 43691767		CREW SIZE: 00	
FUNCTIONAL LOCATION 60064 DEL MONTE-VIEJO (NO FLY)-NONWOOD (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLN	Latitude: 36.559992000000 Longitude: 121.888514000000-	ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 01/20/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 2911 PINE HILLS DRIVE		CITY: MONTEREY	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/20/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St; GPS Coord; more detailed description of work required). * 02/02/2016 09:28:13 PST Nancy Disch (NED2) Phone 831-633-6926 * - Voltage : 60 KV * - Structure Type : WOOD * - Structure ID : 004/101 * - Special Circumstances : DRY WEATHER ONLY * * 004/101 INSTALL ANCHOR AND DOWN GUY FOOT ACCESS ONLY * * 02/12/2016 19:07:28 PST BCH_WM_ORDER (BCH_WM_ORDER) * Work in impacted ENV layer * Based on the location data provided, this work requires further			

 Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
	DEL MONTE-VIEJO 4/101 INSTALL ANCHOR	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).		
Environmental and/or Land review.		
* Please complete a Project Information Questionnaire.		
* _____		
* 02/12/2016 19:07:44 PST BCH_WM_ORDER (BCH_WM_ORDER)		
* Work in impacted ENV layer		
* Based on the location data provided, this work requires further		
Environmental and/or Land review.		
* Please complete a Project Information Questionnaire.		
* _____		
* 02/12/2016 19:07:46 PST BCH_WM_ORDER (BCH_WM_ORDER)		
* 000111322348 - AEA Results: PIQ required.		
* 000111322458 - AEA Results: PIQ required.		
Completed by: (Name and LAN ID):	Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):	Date: / /	

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		DEL MONTE-VIEJO 4/102 INSTALL ANCHOR	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# 31219251 Created Notification # 111322458	
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Missing (MISS)		<input checked="" type="checkbox"/> Installed (INST)
USER STATUSES			
<input checked="" type="checkbox"/> CLEARANCE REQUIRED - CLR <input checked="" type="checkbox"/> EXTREME/HIGH FIRE AREA - FIRE <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> NO ROAD ACCESS - NOAC	<input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT <input checked="" type="checkbox"/> SPECIAL CIRCUMSTANCE - SPCR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6710.POLE.WOOD		CREW CLASS: ETLQEP	WORK TYPE CODE:
SAP EQUIPMENT #: 40666312		CREW SIZE: 00	637
FUNCTIONAL LOCATION 60064 DEL MONTE-VIEJO (NO FLY)-WOOD (LINE NAME): POL		<u>ESTIMATED TOTAL LABOR-HOURS TO COMPLETE:</u> (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLN	Latitude: 36.558546000000 Longitude: 121.889228000000-		
EXECUTION			
REQUIRED END DATE: 01/20/2017		MAIN WORK CENTER: MOSSLNDG - Moss Landing VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 2911 PINE HILLS DRIVE		CITY: MONTEREY	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/20/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/02/2016 09:54:20 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 60 KV			
* - Structure Type : WOOD			
* - Structure ID : 004/102			
* - Special Circumstances : DRY WEATHER ONLY			
* 004/102 INSTALL MISSING ANCHOR AND DOWN GUY FOOT ACCESS ONLY			
* 02/12/2016 19:07:29 PST BCH_WM_ORDER (BCH_WM_ORDER)			
* Work in impacted ENV layer			
* Based on the location data provided, this work requires further			



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DEL MONTE-VIEJO 4/102 INSTALL ANCHOR

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

Environmental and/or Land review.

* Please complete a Project Information Questionnaire.

*

* 02/12/2016 19:07:45 PST BCH_WM_ORDER (BCH_WM_ORDER)

* Work in impacted ENV layer

* Based on the location data provided, this work requires further

Environmental and/or Land review.

* Please complete a Project Information Questionnaire.

Completed by:

(Name and LAN ID):

Date: / /


Actual Labor-Hours:


Reviewed by


(Name and LAN ID):

Date: / /

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		DEL MONTE-VIEJO 4/104 REMOVE VEG	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P <small> A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0 </small>	
		Order# Created Notification # 111322530	
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Overgrown (OVRG)		<input checked="" type="checkbox"/> Removed (REMV)
USER STATUSES			
<input checked="" type="checkbox"/> CLEARANCE REQUIRED - CLR	<input checked="" type="checkbox"/> OVERHEAD - OH	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> EXTREME/HIGH FIRE AREA - FIRE	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> T-LINE INSPECTION - INSP	<input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> NO ROAD ACCESS - NOAC	<input checked="" type="checkbox"/> SPECIAL CIRCUMSTANCE - SPCR	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6710.POLE.WOOD		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40751544		CREW SIZE: 00	564
FUNCTIONAL LOCATION (LINE NAME): 60064 DEL MONTE-VIEJO (NO FLY)-WOOD POL		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLV	Latitude: 36.557312000000	ANTICIPATED MATERIAL COSTS:	
	Longitude: 121.889877000000-		
EXECUTION			
REQUIRED END DATE: 01/20/2018	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 2911 PINE HILLS DRIVE		CITY: MONTEREY	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/20/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/02/2016 10:05:44 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 60 KV			
* - Structure Type : WOOD			
* - Structure ID : 004/104			
* - Special Circumstances : DRY WEATHER ONLY			
*			
* 004/104 REMOVE TREE ON DOWN GUYS			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 DEL MONTE-VIEJO 5/133 GUY WIRE	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# Created Notification # 111322580
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Broken/Damaged (BROK)		<input checked="" type="checkbox"/> Repaired (REPA)
USER STATUSES			
<input checked="" type="checkbox"/> EXTREME/HIGH FIRE AREA - FIRE <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> NO ROAD ACCESS - NOAC <input checked="" type="checkbox"/> OVERHEAD - OH	<input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input checked="" type="checkbox"/> HIGH PUBLIC EXPOSURE - PUBL <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6710.POLE.WOOD		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40649693		CREW SIZE: 00	630
FUNCTIONAL LOCATION 60064 DEL MONTE-VIEJO (NO FLY)-WOOD (LINE NAME): POL		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLN	Latitude: 36.561022000000 Longitude: 121.909796000000-	ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 01/21/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 24929 N. CARMEL HISS DR		CITY: MONTEREY	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/21/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). * 02/02/2016 10:18:51 PST Nancy Disch (NED2) Phone 831-633-6926 * - Voltage : 60 KV * - Structure Type : WOOD * - Structure ID : 005/133 * * 005/133 REPAIR BROKEN DOWN GUY			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 DEL MONTE-VIEJO 6/143 MISSING GUY WIRE	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# Created Notification # 111322585
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Missing (MISS)		<input checked="" type="checkbox"/> Installed (INST)
USER STATUSES			
<input checked="" type="checkbox"/> LARGE EQUIPMENT - ACCH <input checked="" type="checkbox"/> CLEARANCE REQUIRED - CLR <input checked="" type="checkbox"/> EXTREME/HIGH FIRE AREA - FIRE <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP	<input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input checked="" type="checkbox"/> HIGH PUBLIC EXPOSURE - PUBL <input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD	<input checked="" type="checkbox"/> SPECIAL CIRCUMSTANCE - SPCR <input checked="" type="checkbox"/> TRAFFIC CONTROL PLAN REQD - TR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6710.POLE.WOOD		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40768977		CREW SIZE: 00	630
FUNCTIONAL LOCATION 60064 DEL MONTE-VIEJO (NO FLY)-WOOD (LINE NAME): POL		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLN	Latitude: 36.567373000000 Longitude: 121.912732000000-	ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 01/22/2017		MAIN WORK CENTER: MOSSLNDG - Moss Landing	
VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV			
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 3438 CARPENTER RD		CITY: MONTEREY	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/22/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map; X St;GPS Coord; more detailed description of work required). * 02/02/2016 10:29:13 PST Nancy Disch (NED2) Phone 831-633-6926 * - Voltage : 60 KV * - Structure Type : WOOD * - Structure ID : 006/143 * - Special Circumstances : DRY WEATHER ONLY * * 006/143 REPLACE MISSING SPAN GUY			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by: (Name and LAN ID):		Date: / /	

 Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2 DEL MONTE-VIEJO 6/143 REINSULATE	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 31219247 Created Notification # 111322587
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
	<input checked="" type="checkbox"/> Broken/Damaged (BROK)		<input checked="" type="checkbox"/> Replaced (REPL)
USER STATUSES			
<input checked="" type="checkbox"/> LARGE EQUIPMENT - ACCH <input checked="" type="checkbox"/> CLEARANCE REQUIRED - CLR <input checked="" type="checkbox"/> EXTREME/HIGH FIRE AREA - FIRE <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP	<input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input checked="" type="checkbox"/> HIGH PUBLIC EXPOSURE - PUBL <input checked="" type="checkbox"/> RESIDENTIAL AREA - RESD	<input checked="" type="checkbox"/> SPECIAL CIRCUMSTANCE - SPCR <input checked="" type="checkbox"/> TRAFFIC CONTROL PLAN REQD - TR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.6710.INSL		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40800532		CREW SIZE: 00	508
FUNCTIONAL LOCATION 60064 DEL MONTE-VIEJO (NO (LINE NAME): FLY)-INSULATO		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLN	Latitude: 36.567373000000 Longitude: 121.912732000000-	ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 01/21/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 kV <input type="checkbox"/> 70 kV <input type="checkbox"/> 115 kV <input type="checkbox"/> 230 kV <input type="checkbox"/> 500 kV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 3438 CARPENTER RD		CITY: MONTEREY	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)			DATE FOUND (NOTIF DATE): 01/21/2016
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required). * 02/02/2016 10:34:12 PST Nancy Disch (NED2) Phone 831-633-6926 * - Voltage : 60 KV * - Structure Type : WOOD * - Structure ID : 006/143 * - Special Circumstances : DRY WEATHER ONLY * * 006/143 REINSULATE WITH NCI'S * * 02/12/2016 19:07:29 PST BCH_WM_ORDER (BCH_WM_ORDER) * Work in impacted ENV layer * Based on the location data provided, this work requires further			



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

DEL MONTE-VIEJO 6/143 REINSULATE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

Environmental and/or Land review.

* Please complete a Project Information Questionnaire.

Completed by:

(Name and LAN ID):

Date: / /

Actual Labor-Hours:

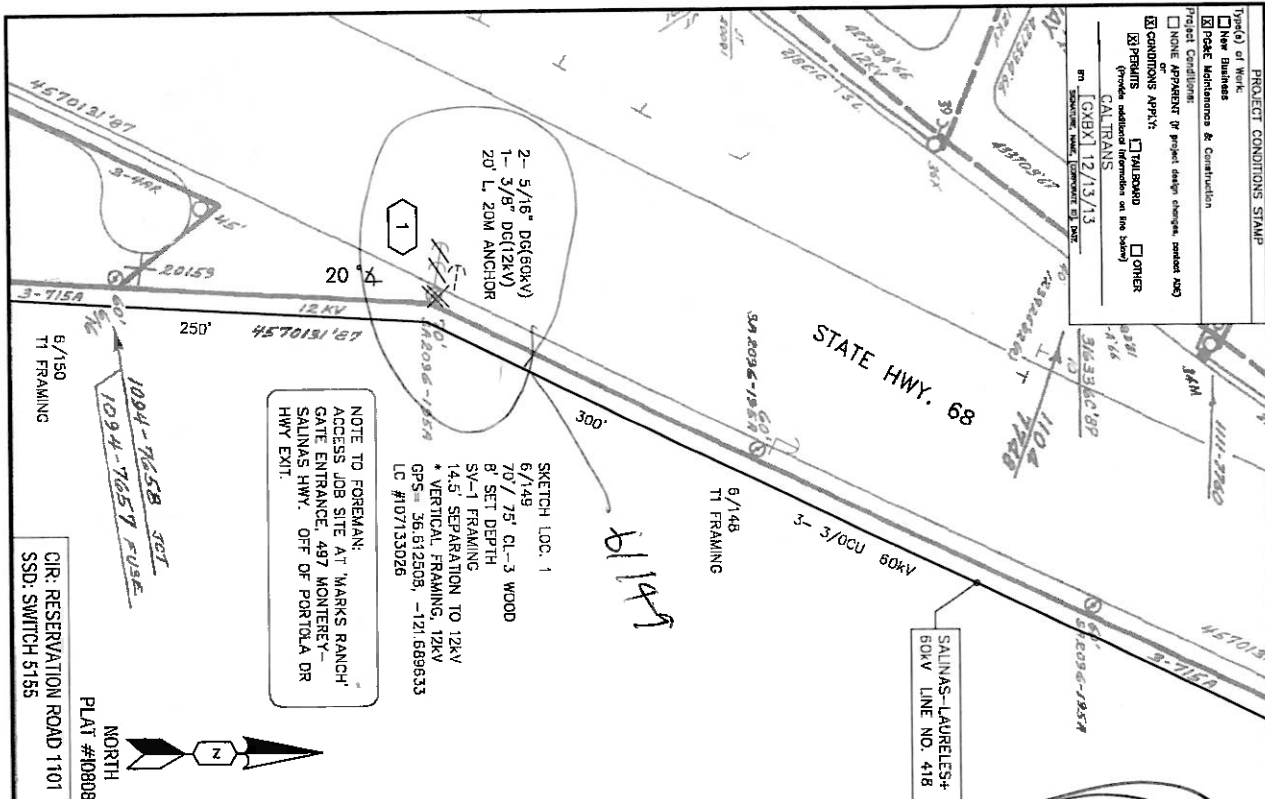
Reviewed by

(Name and LAN ID):

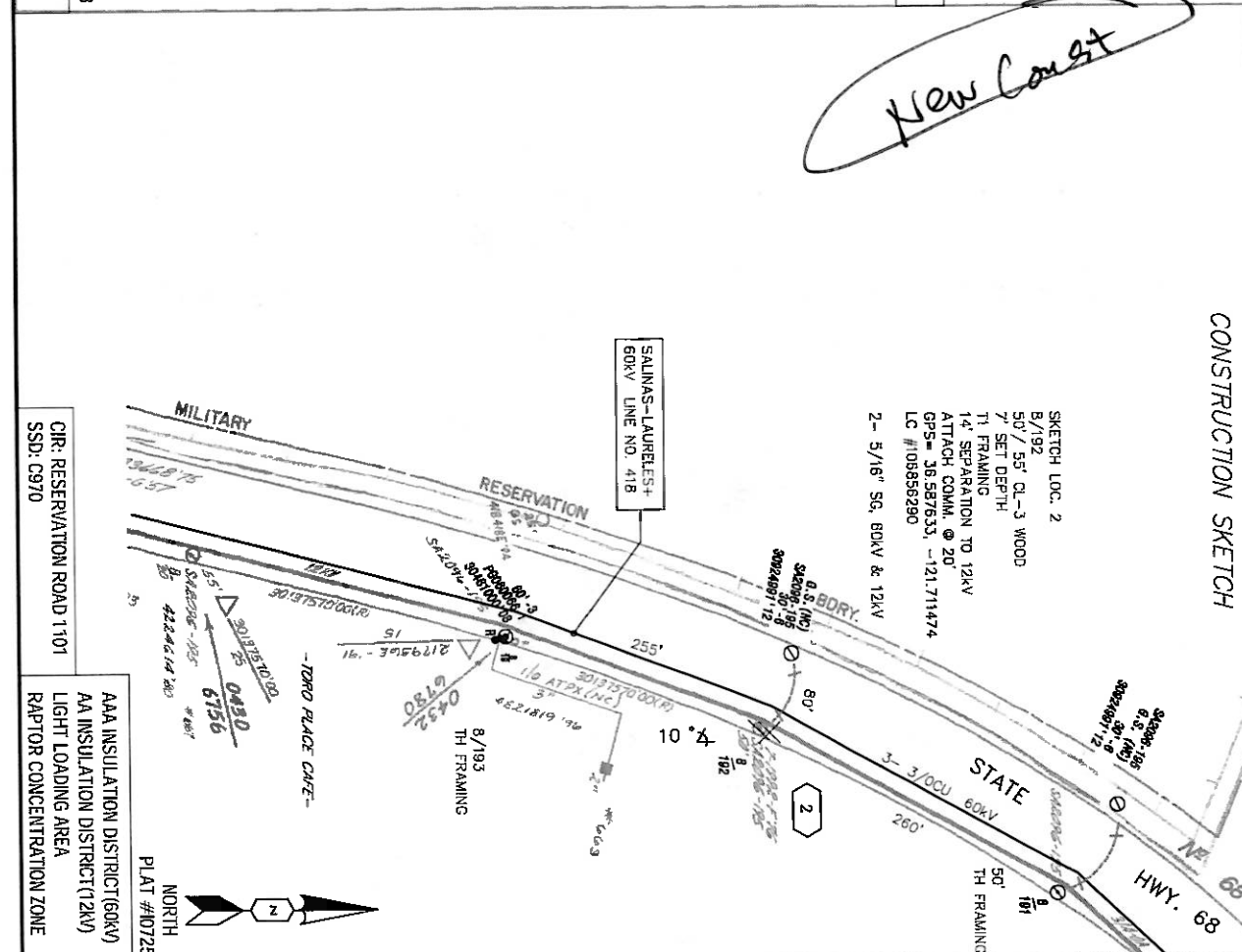
Date: / /

PROJECT CONDITIONS STAMP

☐ New Business
☒ Project Maintenance & Construction
☐ Project Completion
☐ NONE APPROPRIATE (if project design change, contact AGO)
☒ CONDITIONS APPLY
☐ PERMITS
☐ TAILBOARD
☐ OTHER
 (Provide additional information on this sheet)
 CALTRANS
 [GMBX] 12/13/13
 BY [SIGNATURE] DATE [DATE]



CONSTRUCTION SKETCH



EST: G BAUTISTA 559.347.5033
 ADE: K LARSEN 559.347.5034
 SUPV: T COPELAND
 REP:
 PLNR:
 SCALE: 1"=100'
 DATE: 12/13/13

SALINAS-LAURELES+ 60KV
 REPL POLE 6/149 & 8/192
 SALINAS, CA

PACIFIC GAS AND ELECTRIC COMPANY

CO:
 SD:
 NOTIF.: 106856290
 OTHER:
 SHT: 1 OF 2 SHEETS
 PM: 30987143
 REV. 0

EST: CBAUTISTA 559,347,503	SCALE: 1" = 100'
ADE: K LARSEN 559,347,503	PLNR:
SUPV: T COPELAND	REP:
DATE: 11/11/11	DATE:



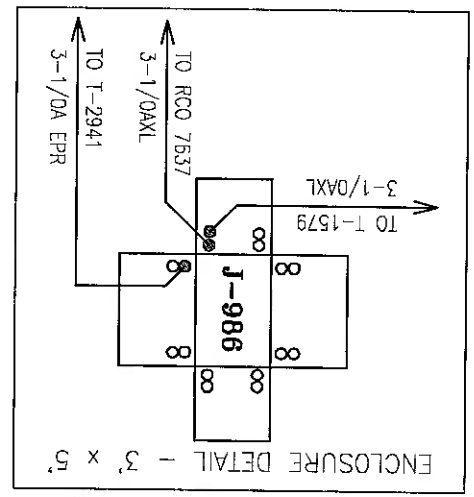
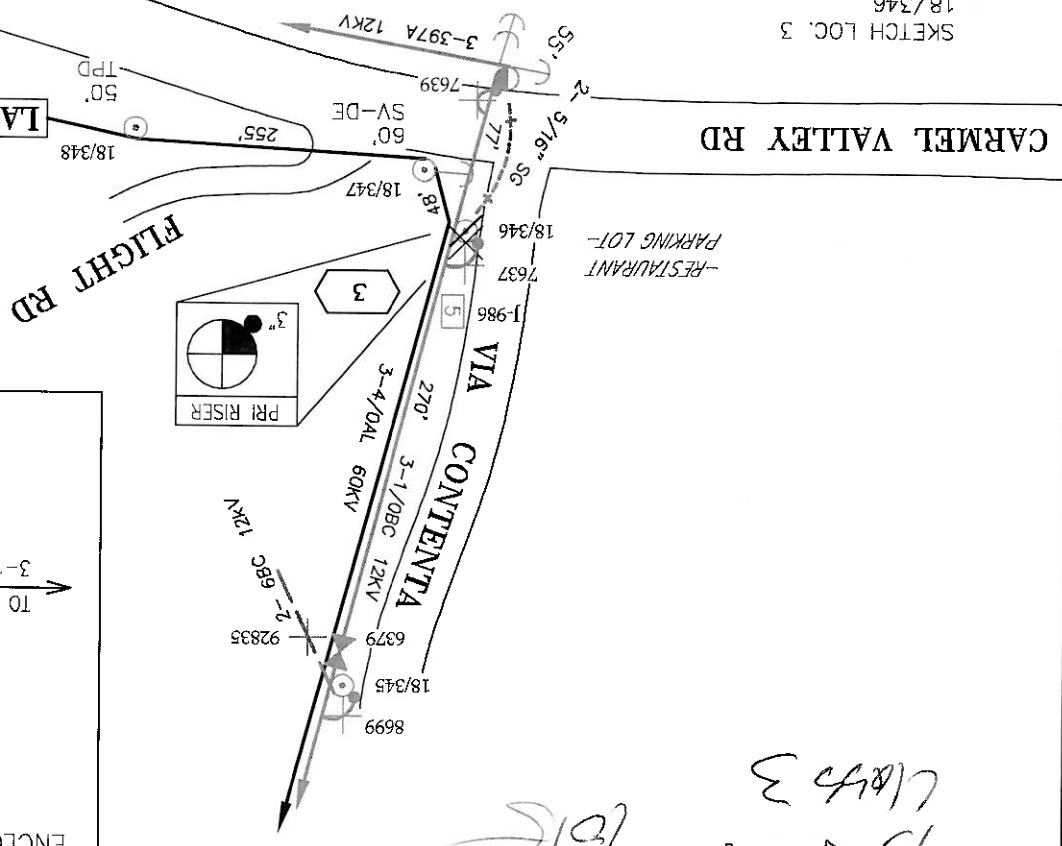
PACIFIC GAS AND ELECTRIC COMPANY
 CARMEL VALLEY, CA
 REPL POLE 18/346
SALINAS-LAURELES+ 60KV

CO:	REV:
SD:	OTHER:
NOT:	SHT: 2 OF 2
PM:	30987143

Underground Service Alert
 Call TOLL FREE 811
 TWO WORKING DAYS BEFORE YOU DIG

NOTE TO FOREMAN:
 CAUTION - GAS DISTRIBUTION PIPELINE
 ALONG E/S OF VIA CONTENTA RD

SKETCH LOC. 3
 18/346
 60' / 70' CL-3 WOOD
 7.5' SET DEPTH
 SV-DE-90 FRAMING, 115KV
 10' SEPARATION TO 12KV
 67' 52" ANGLE (LT)
 GPS = 36.478111, -121.72849
 LC #106030197



CONSTRUCTION SKETCH

AAA INSULATION DISTRICT(60KV)
 AA INSULATION DISTRICT(12KV)
 LIGHT LOADING AREA
 RAPTOR CONCENTRATION ZONE

CIR: LAURELES 1112
 SSD: SWITCH 12LC

PLAT #L0708
 NORTH

Day 3 #10; L

STRUCTURE WARNINGS

SAFETY FACTOR = 5.36

WOOD GRADE B
CALCULATION SHEET

LINE NAME: SALINAS-LAURELES+ 60KV

NOTES: Prepared by Bautista, Gustavo 12/13/2013

POLE # 1
LOCATION # 30987143
ORDER # 6/149

POLE # 1
LOCATION # 30987143
ORDER # 6/149

POLE # 1
LOCATION # 30987143
ORDER # 6/149

POLE # 1
LOCATION # 30987143
ORDER # 6/149

75' CLASS 3/SET 8' DEEP
POLE LOADING REPRESENTS FUTURE CONDITION
POLE SIZING: AUTOMATIC
POLE LENGTH: 75ft
SOIL: MEDIUM(500PSF)
INSULATION DIST: B.C.D DEPTH: 8'

POLE CAPABILITY NOT REDUCED
RECOMMENDED SET

POLE CAPABILITY NOT REDUCED
RECOMMENDED SET

*VERTICAL FRAMING, 12KV

CLASS	DEPTH	S.F.	TOTAL LOAD
3	8	100	0 ft/lbs
3	8	100	N/A
3	8	10.44	2008 ft/lbs
3	8	5.36	8068 lbs

*K-FACTORS FOR CLEARANCES

TRANS. AHEAD	TRANS. BACK	DISTRIBUTION 1	DISTRIBUTION 2	EM
18500	18500	11830	N/A	40°
18500	18500	10000	30600	0

TRANS. AHEAD	TRANS. BACK	DISTRIBUTION 1	DISTRIBUTION 2	EM
18500	18500	11830	N/A	40°
18500	18500	10000	30600	0

TRANS. AHEAD	TRANS. BACK	DISTRIBUTION 1	DISTRIBUTION 2	EM
18500	18500	11830	N/A	40°
18500	18500	10000	30600	0

TRANS. AHEAD	TRANS. BACK	DISTRIBUTION 1	DISTRIBUTION 2	EM
18500	18500	11830	N/A	40°
18500	18500	10000	30600	0

TRANS. AHEAD	TRANS. BACK	DISTRIBUTION 1	DISTRIBUTION 2	EM
18500	18500	11830	N/A	40°
18500	18500	10000	30600	0

SIDE GUYED POLE REQUIREMENT

POLE #

8/192

2

55' CLASS 3 SET 7' DEEP

LOCATION #

30987143

POLE LOADING REPRESENTS FUTURE CONDITION

ORDER #

30987143

SAFETY FACTOR= 5.25

FRAMING WARNINGS

POLE SIZING: AUTOMATIC

POLE CAPABILITY NOT

POLE LENGTH: 55ft

REDUCED

SOIL: MEDIUM(500PSF)

RECOMMENDED SET

INSULATION DIST: AAA

DEPTH: 7'

LIGHT LOADING

DEFLECTION: UNKNOWN

TRANS. AHEAD

TRANS. AHEAD

DISTRIBUTION 1

DISTRIBUTION 1

DISTRIBUTION 2

DISTRIBUTION 2

TRANSMISSION BACK

TRANSMISSION BACK

3/0 CU (0.309 Wt)

3/0 CU (0.309 Wt)

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3/0 CU (0.309 Wt)

4/0 AL (0.348 Wt)

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G.L. MOMENT

CLASS

DEPTH

S.F.

TOTAL LOAD

G.L. SHEAR

CLASS

DEPTH

S.F.

TOTAL LOAD

MOMENT ABY: GUY

CLASS

DEPTH

S.F.

TOTAL LOAD

VERTICAL LOAD

CLASS

DEPTH

S.F.

TOTAL LOAD

K-FACTORS FOR CLEARANCES

CLASS

DEPTH

S.F.

TOTAL LOAD

TRANS. AHEAD

CLASS

DEPTH

S.F.

TOTAL LOAD

TRANS. BACK

CLASS

DEPTH

S.F.

TOTAL LOAD

DISTRIBUTION 1

CLASS

DEPTH

S.F.

TOTAL LOAD

DISTRIBUTION 2

CLASS

DEPTH

S.F.

TOTAL LOAD

EMGNCY

CLASS

DEPTH

S.F.

TOTAL LOAD

COLD

CLASS

DEPTH

S.F.

TOTAL LOAD

EMGNCY

CLASS

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EMGNCY

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S.F.

TOTAL LOAD

CAPABILITY

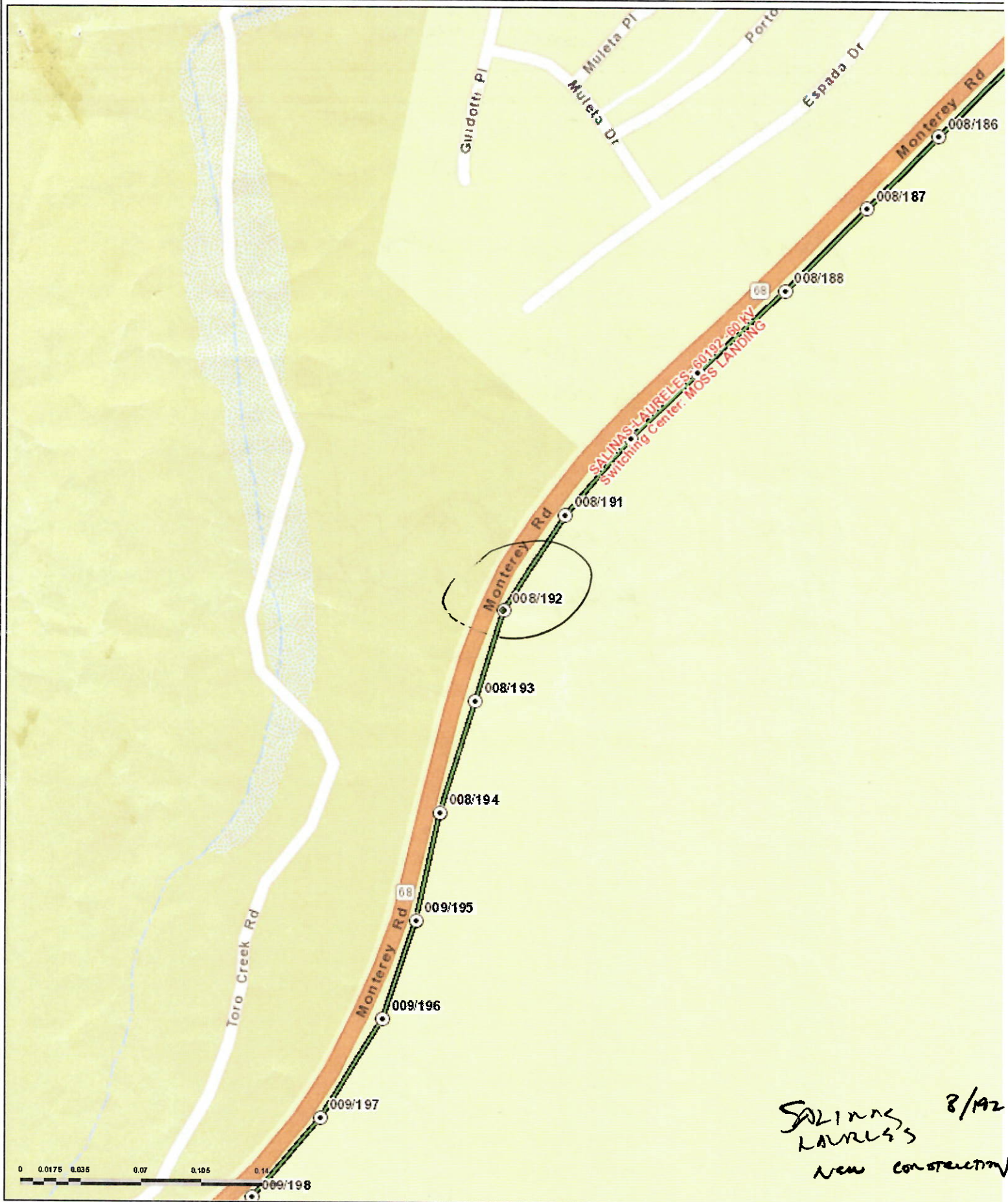
LOAD CASE

CLASS

DEPTH

S.F.

TOTAL LOAD



ETGIS Web Map



My Map

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Printed Using ETGIS Web Application

Author: rdt

Printed On: 4/5/2016

Lunch

→ 60KV Salinas Lamellar

Day 3 Loc # 9

~~#10~~ Pole 8/192 - new const. in 2014

Class 3, 55 ft pole measured 40" circum.

Completed work and checked for pole replacement

- buried 6 1/2 feet from extinction of where the stamp is (by Chicks) : OK

Day 3 Loc #10

~~Pole 61/49 New Const + Pole replacement~~

~~Class 3 - 75 ft pole - checked~~

~~measured 46" C.C. circum.~~

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		SALINAS-LAURELES 008/192 RPLC POLE	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input checked="" type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# 30987143 Created Notification # 106856290	
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
<input checked="" type="checkbox"/> Pole (SW01)	<input checked="" type="checkbox"/> Rotted (CH07)		<input checked="" type="checkbox"/> Completed By : (COMP)
USER STATUSES			
<input checked="" type="checkbox"/> HEAVY EQUIPMENT - ACCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> INSPECTION - INSP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> RELEASE WORK - RELW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.7930.POLE.WOOD		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40876162		CREW SIZE: 00	372
FUNCTIONAL LOCATION 60192 SALINAS-LAURELES-WOOD POLE (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLX	Latitude: 36.587636000000 Longitude: 121.711471000000-	ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 03/31/2014	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 kV <input type="checkbox"/> 70 kV <input type="checkbox"/> 115 kV <input type="checkbox"/> 230 kV <input type="checkbox"/> 500 kV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: OFF HWY 68		CITY: SALINAS	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Ralph Blake (RUBM)		DATE FOUND (NOTIF DATE): 03/05/2013	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 04/02/2013 14:47:20 Charlene M. McLeod (CMMD) Phone 209/942-1669			
* REPLACE ROTTEN POLE			
* _____			
* 04/04/2013 09:21:29 Stan N. Tanner (SNT2) Phone 559/347-5225			
* 30987146-PM Created			
* -Job folder Created			
* -Folder #2856			
* _____			
* 07/11/2013 11:12:38 Stan N. Tanner (SNT2) Phone 559/347-5225			
* replace poles 8/192 and 18/346			
* _____			



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

SALINAS-LAURELES 008/192 RPLC POLE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* 11/26/2013 13:15:44 Gustavo Bautista (GXBX) Phone 559/347-5033

* 30987146T LC #107133026 for pole 6/149 added to this job order.

* JE to be prepared in week 49.

*

* -----

* 12/13/2013 18:04:47 Gustavo Bautista (GXBX) Phone 559/347-5033

* 30987143T JE routed for approval via EDRS #2013-101905

* Material retired automatically in PowerPlant

*

* -----

* 12/16/2013 07:27:05 Keith Larsen (KALI) Phone 559/347-5034

* 30987143ved by ADE

* -Job is routed via EDRS

* -Job is attached to order

* -Pole calcs attached to pm

* -Transmission asset items will be retired automatically by FFE

* -DM1 form emailed to environmental review mailbox (by Estimator)

* -Placed job copy in supervisors in-box for approval

*

*

*

* -----

* 12/16/2013 08:00:09 Thomas Copeland (TACC) Phone 559/347-5297

* EDRS 2013-101905 Job Estimate Approved. Sent Authorized job estimate to

* Laurie Sholler - T-Line OMD.

*

* -----

* 12/24/2013 09:15:33 Kyle Cook (KECE) Phone 831/784-3509

* Received request for Caltrans Encroachment permit at Salinas Land dept.

* Permit application package sent today. Estimated turnaround 30-45 days.

* Once approved permit is received at this office, will forward to

* Dependency desk to be uploaded into SAP.

* -----

* 12/24/2013 13:12:14 Nathan Lishman (NPL2) Phone 925/415-6677

* Environmental Tasks Complete - Release with attached BMP's

* -----

* 01/06/2014 15:15:51 WEIDONG TAN (WXTK) Phone 831/784-3510

* 30987143E Mapping Pre-Post Completed

* -----

* 01/09/2014 15:07:12 Laurie Sholler (LFP1) Phone 559/263-5041

* 30987143 - copies ready to be distributed upon completion of land task

* -----

* 02/07/2014 14:14:10 Kyle Cook (KECE) Phone 831/784-3509

* Caltrans Encroachment Permit received. Forwarded to RMC to be uploaded

* into SAP.

* Permit number: 0514 6UF 0024

* Expiration Date: 8/6/2014

* Cost: \$1107



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

SALINAS-LAURELES 008/192 RPLC POLE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* _____

* 02/18/2014 14:38:16 Patricia Markwith (PLM7) Phone 559/347-5105

* 30987143 E Fresno RMC DMD received an approved CAL-TRANS PERMIT

* from the STATE OF CALIFORNIA on 02-18-14. Permit #0514 6UF 0024. For

* PERMIT Location at: SALINAS This permit expires on 008-06-14. Permit

* fee 1107.00. It is scanned and attached in EDMS.

* _____

* 02/24/2014 15:22:04 Charlene McLeod (CMMD) Phone 209/942-1669

* JOB IS STILL IN PEND STATUS BUT HAS BEEN REVIEWED BY KIICHI.

* EMAILED MATERIALS TO RELEASE THE 70/C3 WOOD POLE AND SEND TO SHIFFLETS.

* GETTING THE OTHER 2 WOOD POLES FROM SURPLUS

* _____

* 06/04/2014 08:02:27 Charlene McLeod (CMMD) Phone 209/942-1669

* RECEIVED JOB COPIES.

* JOB ASSIGNED TO ILB TO COMPLETE IN 2014. JOB COPIES BOXED

* _____

* 06/09/2014 15:08:05 Arthur Layus (AXL7) Phone 831/784-3575

* 30987143E "Advance Job Pkg" rec'd and filed in Mapping.

* _____

* 09/29/2014 07:25:49 Kyle Cook (KECE) Phone 831/784-3509

* Caltrans permit rider received. Permit expiration date pushed out to

* 3/26/2015.

* _____

* 12/23/2014 10:32:37 Lavina Butler (L1BQ) Phone 559/347-5015

* 30987143E FORWARDED REQUEST FOR TRAFFIC CONTROL PLANS TO ED SAFETY

* SERVICES, INC. A QUOTE OF \$250.00 WAS PROVIDED BY R. BEADLES, I WILL WORK

* ON A PO FOR APPROVAL .

* _____

* 12/26/2014 10:14:15 Lavina Butler (L1BQ) Phone 559/347-5015

* 30987143E Approved PO and Traffic Control Plans received and forwarded

* to the Estimator (GXB) JO (ALCI) AND Fresno RMC Dependency Desk.

* _____

* _____

* _____

* 01/06/2015 08:45:41 Charlene McLeod (CMMD) Phone 209/942-1669

* ILB REPLACED POLE ON 12/21/2014 PER MIKE RYAN

* _____

* 06/18/2015 07:25:35 Charlene McLeod (CMMD) Phone 209/942-1669

* JOB IS ASSIGNED TO ILB AGAIN IN 2015

* _____

* 07/21/2015 14:51:09 Kyle Cook (KECE) Phone 831/784-3509

* Caltrans permit rider received. Uploaded permit to SAP as 'NEW.' Land

* task released.

* Permit number: 0515 6RT 0360

* Expiration date: 1/14/2016

* Cost: \$82

* _____



**Corrective Work Form
Electric Transmission
Line**

PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2

SALINAS-LAURELES 008/192 RPLC POLE

COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).

* 12/04/2015 16:31:19 PST Charlene McLeod (CMMD) Phone 209-942-1669

* SENT COMPLETED SIGNED OFF JOB COPY TO LAURIE SHOLLER FOR JOB CLOSURE AND

* MAPPING

* _____

* 12/16/2015 17:13:27 PST Laurie Sholler (LFP1) Phone 559-263-5041

* 30987143 - to mapping - Irene Parker

* _____

* 12/21/2015 15:13:11 PST Doug Cockrell (DPCH) Phone 559-347-5014

* 30907143 - As-built received in estimating. Handed to GXBX.

*

* _____

* 03/09/2016 09:26:15 PST Gustavo Bautista (GXBX) Phone 559-347-5033

* 30987143T SDS have been updated and sent to Records

*

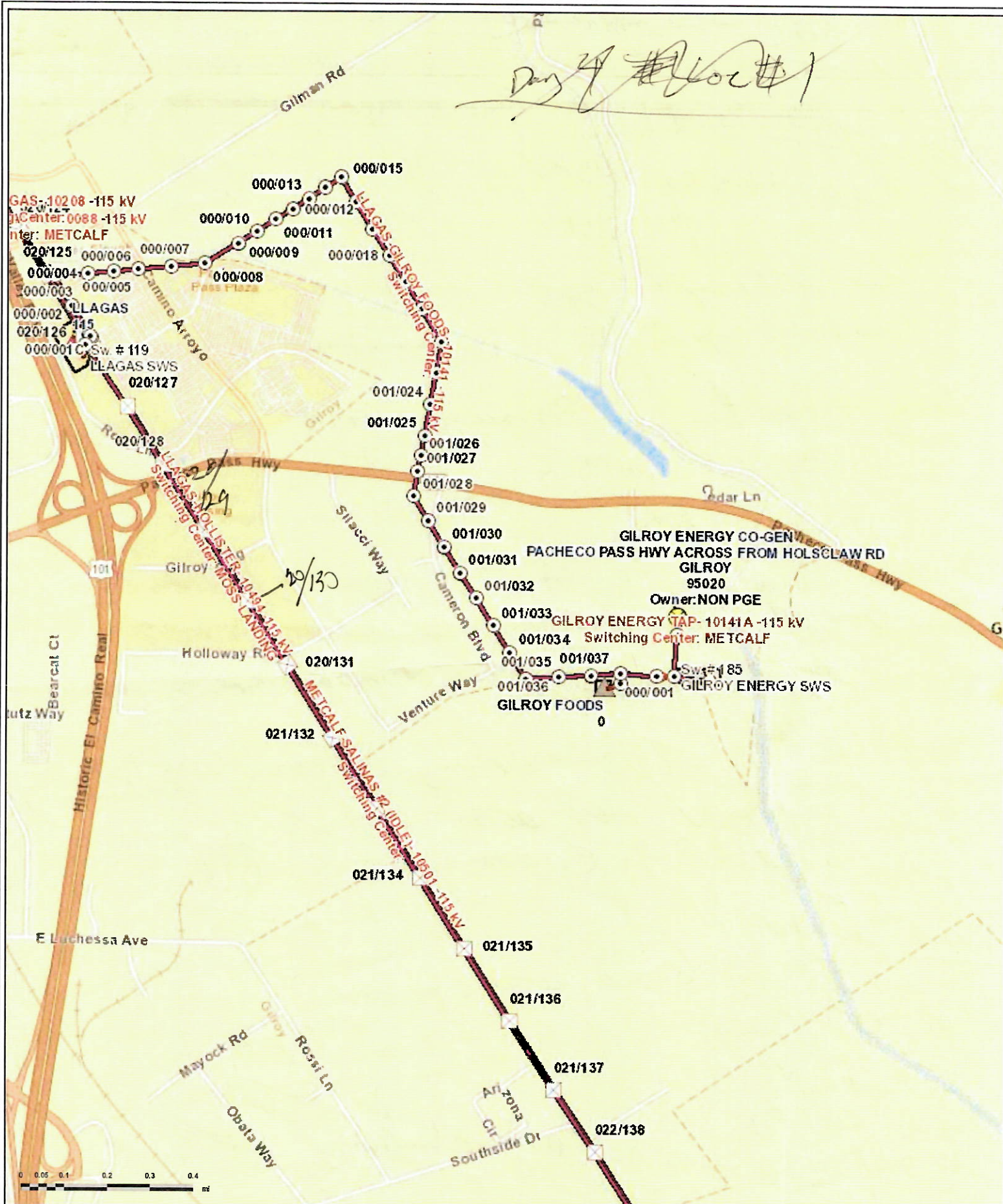
Completed by: ILB
(Name and LAN ID):

Date: 12/21/2014

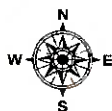
Actual Labor-Hours:

Reviewed by
(Name and LAN ID):

Date: / /



ETGIS Web Map



My Map

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Author: rdt

Printed On: 4/6/2016

Bitch - Mastmastic

near
(Pacific Press Mail)

OK Day 4 Loc #1 - Pier 1 import ^{lot} ~~in~~ ^{to} ~~Galway~~
11agab. 110112ed 115KV. - 3phase on west
| dist. 21KV 3phase on East parallel)

Tower 201129 ✓ - SAP 41223272

Found no tower ID (SAP is ~~not~~ 915 going away)

Day 4 Loc #2 - Petsmen - 6756 Camino Arroyo

Tower 201130 ✓ - SAP 41223275

- No tower ID label
- mulch covered to steel (grading higher than foundation is going to erode when rain)
- chunk suggest placing plastic barrier cone.

Day 4 Loc #3 - 652 Holloway Gilroy (next to a farm)

Tower 201131 ✓ - no anti-climbing

SAP 41223287. Ero tower ID) OK

Day 4 Loc #4 ✓

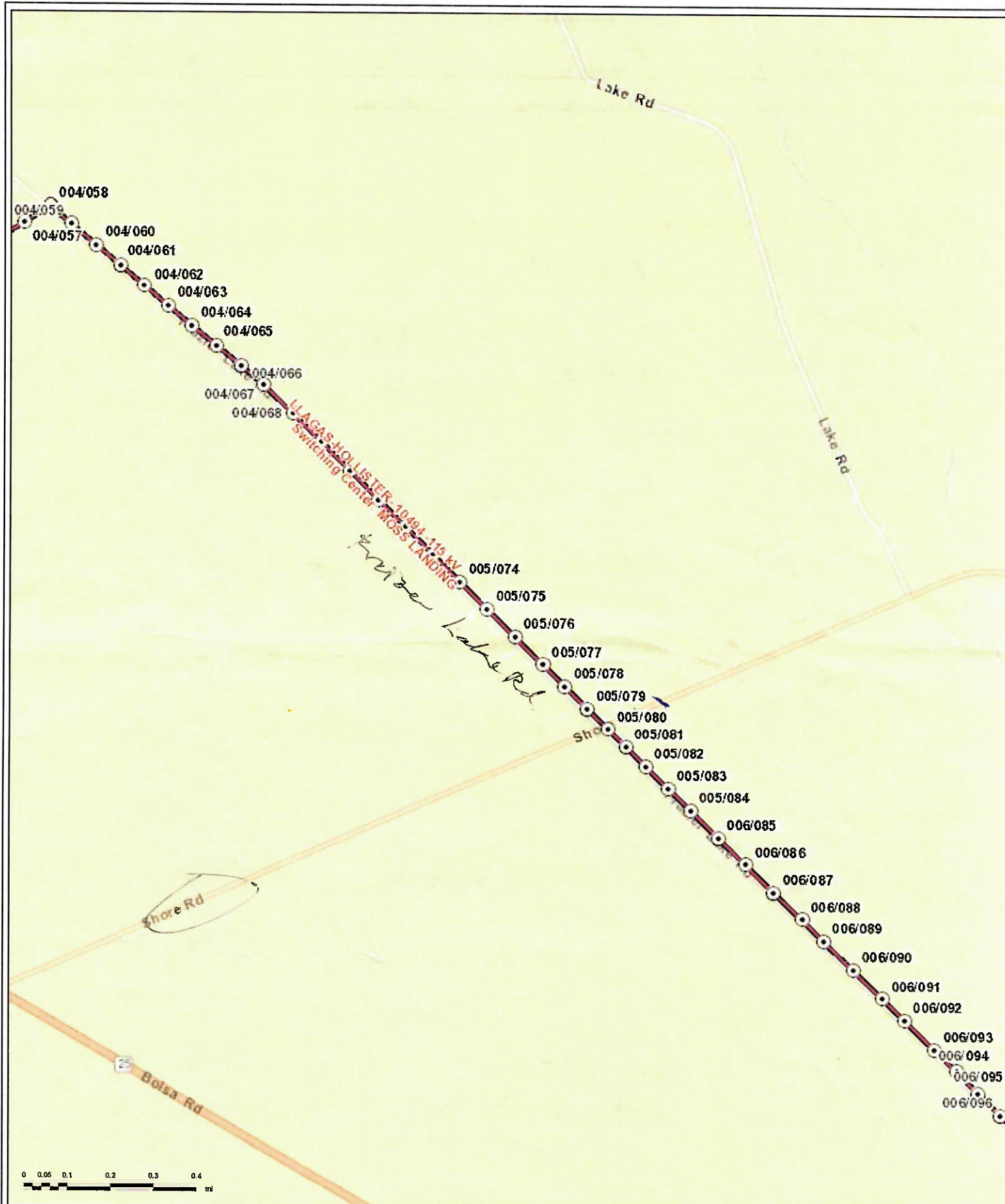
Tower 201132 - no anti-climbing

SAP 41223271

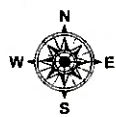
Day 4 Loc #5

Tower 201133

SAP - 4122327 ✓ no anti climbing OK



ETGIS Web Map



My Map

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Author: rdt

Printed On: 4/6/2016

11650 - Hollister 115KV
Day 4 #6 - Frazer Lake Rd & Shore Rd
in Gilroy / Hollister?

Pole 5/79.

- T ~~the~~ insulators were out of place
- pole looks bent and on top.
- Check said caused by the adjacent new pole being taller and over-tensioned
- Pole was banded

Day 4 #7. (down Frazer Lake)

Pole 5/80 - new consd. (no load work on hand)
O/C.

Day 4 #8

Pole 5/81 - stubbed pole OK.

Day 4 #9

Pole 5/82 - 3rd party attachment (sign)

Day 4 #10

Pole 5/83 - OK

Day 4 #11

Pole 5/84 - 2 long bolts stuck out @ climbing sp

Day 4 #12

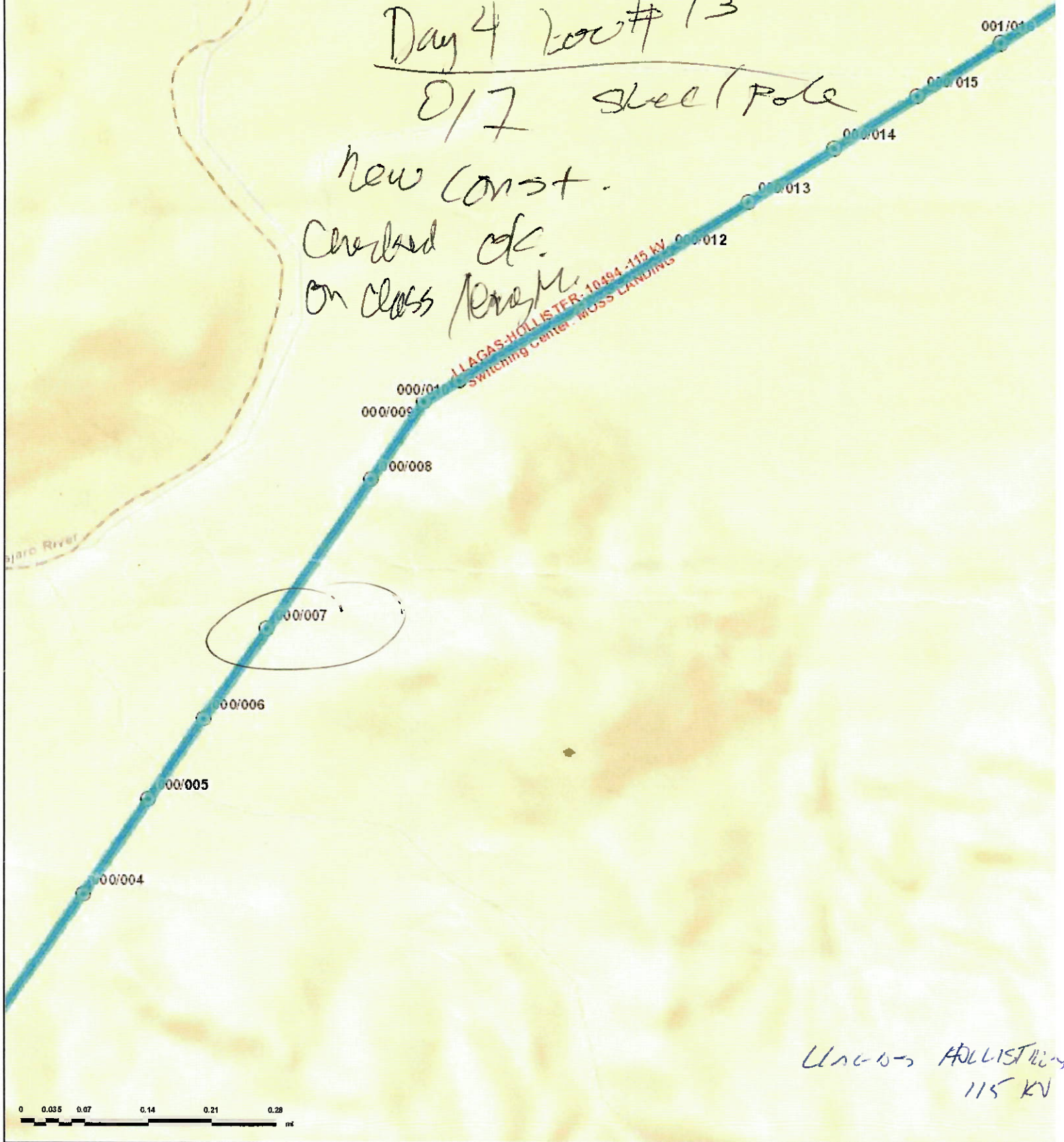
Pole 5/85 - OK

Day 4 Loc # 13

0/7 sheet pole

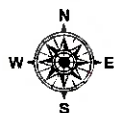
new const.

checked c/c.
on class 115KV



LAGAS-HOLLISTER
115KV

ETGIS Web Map



My Map

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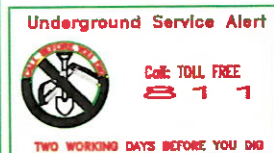
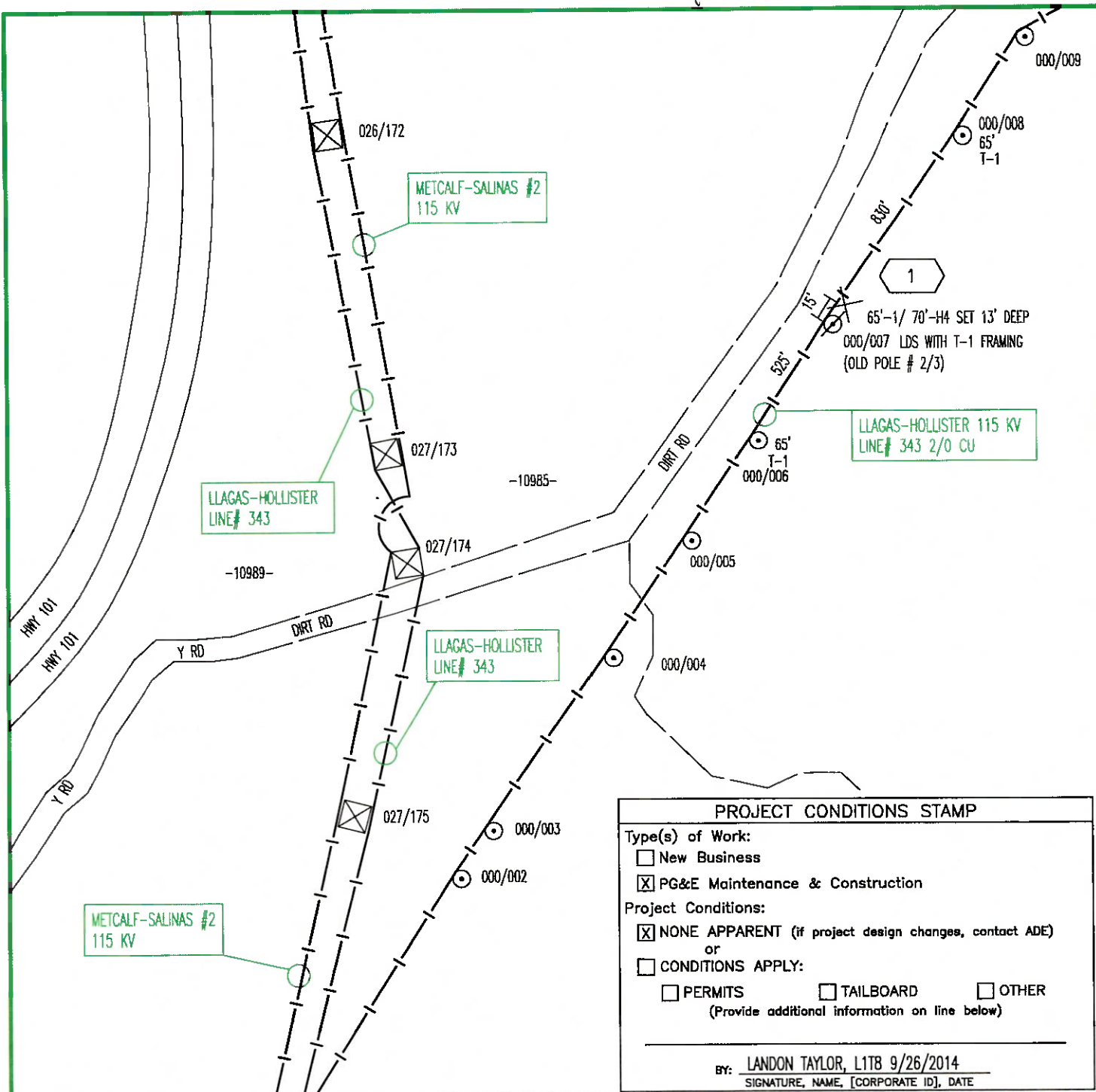


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Author: rdt

Printed On: 4/4/2016

New Const.



GPS JOB COORDINATES
LAT: 36.918327
LONG: -121.539420

AAA INSULATION DISTRICT
LIGHT LOADING AREA
RAPTOR CONCENTRATION ZONE
PLAT # B12 (COAST VALLEY)



For Questions Regarding This Job:

EST: LONDON TAYLOR 559-347-5117
ADE: Gustavo Bautista 559-347-5033
SUPV: DOUG COCKRELL 559-347-5014
REP: Rick Tankersley 831-633-6994

PLNR:
SCALE: NTS
DATE: 9/26/2014

REPLACE POLE
LLAGAS-HOLLISTER (HOLLISTER TAP #2) 115 KV
SAN JUAN BAUTISTA

PG&E PACIFIC GAS AND ELECTRIC COMPANY

JPA:
SD:
NOTIF: 108202376
OTHER:
SHT: 1 OF 1 SHEETS
PM: 31089978 REV.

LIGHT DUTY STEEL CALC.
SHEET

LLAGAS-HOLLISTER TAP #2

115 KV

LINE NAME:

POLE #:

LOCATION #:

ORDER #:

31089978

UNGUED POLE REQUIREMENT:

70' CLASS H4 SET 13' DEEP

POLE LOADING REPRESENTS FUTURE CONDITION

SAFETY FACTOR= 2.75

POLE SIZING: AUTOMATIC

POLE LENGTH: 70ft

SOIL: MEDIUM(500PSF)

RECOMMENDED SET

INSULATION DIST: AAA

DEPTH: 13'

LIGHT LOADING: DEFLECTION: UNKNOWN

GUYED LOAD

OF CNDCTRS

DE TENSION

GUY FACTOR: 0.00

GUYED LOAD

EXTRA HORIZ. LOAD OF:

BK SPAN

525'

NOT GUYED

DISTRIBUTION 1

AH SPAN

830'

NOT GUYED

DISTRIBUTION 2

AH SPAN

830'

NOT GUYED

NO CONDUCTOR (0 Wv)

NO GUYED

NO CONDUCTOR (0 Wv)

NOT GUYED

MISCELLANEOUS 1

AH SPAN

830'

NOT GUYED

MISCELLANEOUS 2

AH SPAN

830'

NOT GUYED

NO CONDUCTOR (0 Wv)

NO GUYED

NO CONDUCTOR (0 Wv)

NOT GUYED

MISCELLANEOUS 3

AH SPAN

830'

NOT GUYED

MISCELLANEOUS 4

AH SPAN

830'

NOT GUYED

NO CONDUCTOR (0 Wv)

NO GUYED

NO CONDUCTOR (0 Wv)

NOT GUYED

TRANS. AHEAD

AH SPAN

830'

NOT GUYED

TRANSMISSION BACK

BK SPAN

525'

NOT GUYED

DISTRIBUTION 1

AH SPAN

830'

NOT GUYED

DISTRIBUTION 2

AH SPAN

830'

NOT GUYED

NO CONDUCTOR (0 Wv)

NO GUYED

NO CONDUCTOR (0 Wv)

NOT GUYED

MISCELLANEOUS 1

AH SPAN

830'

NOT GUYED

MISCELLANEOUS 2

AH SPAN

830'

NOT GUYED

NO CONDUCTOR (0 Wv)

NO GUYED

NO CONDUCTOR (0 Wv)

NOT GUYED

MISCELLANEOUS 3

AH SPAN

830'

NOT GUYED

MISCELLANEOUS 4

AH SPAN

830'

NOT GUYED

NO CONDUCTOR (0 Wv)

NO GUYED

NO CONDUCTOR (0 Wv)

NOT GUYED

TRANS. AHEAD

AH SPAN

830'

NOT GUYED

TRANSMISSION BACK

BK SPAN

525'

NOT GUYED

DISTRIBUTION 1

AH SPAN

830'

NOT GUYED

DISTRIBUTION 2

AH SPAN

830'

NOT GUYED

NO CONDUCTOR (0 Wv)

NO GUYED

NO CONDUCTOR (0 Wv)

NOT GUYED

MISCELLANEOUS 1

AH SPAN

830'

NOT GUYED

MISCELLANEOUS 2

AH SPAN

830'

NOT GUYED

NO CONDUCTOR (0 Wv)

NO GUYED

NO CONDUCTOR (0 Wv)

NOT GUYED

MISCELLANEOUS 3

AH SPAN

830'

NOT GUYED

MISCELLANEOUS 4

AH SPAN

830'

NOT GUYED

NO CONDUCTOR (0 Wv)

NO GUYED

NO CONDUCTOR (0 Wv)

NOT GUYED

TRANS. AHEAD

AH SPAN

830'

NOT GUYED

TRANSMISSION BACK

BK SPAN

525'

NOT GUYED

DISTRIBUTION 1

AH SPAN

830'

NOT GUYED

DISTRIBUTION 2

AH SPAN

830'

NOT GUYED

NO CONDUCTOR (0 Wv)

NO GUYED

NO CONDUCTOR (0 Wv)

NOT GUYED

MISCELLANEOUS 1

AH SPAN

830'

NOT GUYED

MISCELLANEOUS 2

AH SPAN

830'

NOT GUYED

NO CONDUCTOR (0 Wv)

NO GUYED

NO CONDUCTOR (0 Wv)

NOT GUYED

MISCELLANEOUS 3

AH SPAN

830'

NOT GUYED

MISCELLANEOUS 4

AH SPAN

830'

NOT GUYED

NO CONDUCTOR (0 Wv)

NO GUYED

NO CONDUCTOR (0 Wv)

NOT GUYED

TRANS. AHEAD

AH SPAN

830'

NOT GUYED

TRANSMISSION BACK

BK SPAN

525'

NOT GUYED

DISTRIBUTION 1

AH SPAN

830'

NOT GUYED

DISTRIBUTION 2

AH SPAN

830'

NOT GUYED

NO CONDUCTOR (0 Wv)

NO GUYED

NO CONDUCTOR (0 Wv)

NOT GUYED

MISCELLANEOUS 1

AH SPAN

830'

NOT GUYED

MISCELLANEOUS 2

AH SPAN

830'

NOT GUYED

NO CONDUCTOR (0 Wv)

NO GUYED

NO CONDUCTOR (0 Wv)

NOT GUYED

MISCELLANEOUS 3

AH SPAN

830'

NOT GUYED

MISCELLANEOUS 4

AH SPAN

830'

NOT GUYED

NO CONDUCTOR (0 Wv)

NO GUYED

NO CONDUCTOR (0 Wv)

NOT GUYED

TRANS. AHEAD

AH SPAN

830'

NOT GUYED

TRANSMISSION BACK

BK SPAN

525'

NOT GUYED

DISTRIBUTION 1

AH SPAN

830'

NOT GUYED

DISTRIBUTION 2

AH SPAN

830'

NOT GUYED

NO CONDUCTOR (0 Wv)

NO GUYED

NO CONDUCTOR (0 Wv)

NOT GUYED

LOAD CASE	CLASS	DEPTH	S.F.	TOTAL LOAD
G.L. MOMENT	H4	13	2.75	95569 fllbs
G.L. SHEAR	H3	12.5	2.79	1648 lbs
MOMENT ABV. GUY	N/A	N/A	100	0 fllbs
VERTICAL LOAD	1	11.5	3.26	1884 lbs

K-FACTORS FOR CLEARANCES	MOT	MISC.
TRANS. AHEAD	19000	19800
TRANS. BACK	19000	19800
DISTRIBUTION 1	N/A	N/A
DISTRIBUTION 2	N/A	0

POLE EXTENSION	LENGTH
0	0

LOADING BREAKDOWN	90° wind	270° wind
1009 lbs horiz.	1009 lbs horiz.	1009 lbs horiz.
58541 lbs bm	58541 lbs bm	58541 lbs bm
61% of total	61% of total	61% of total
39% of total	39% of total	39% of total

POLE CAPABILITY NOT REDUCED	RECOMMENDED SET
AAA	DEPTH: 13'

INSULATION DIST: AAA	DEPTH: 13'
UNKNOWN	UNKNOWN

# OF CNDCTRS	DE TENSION	GUY FACTOR	GUYED LOAD
0	0	0.00	0 lbs

EXTRA HORIZ. LOAD OF:	BK SPAN	525'	NOT GUYED
0	0	0	0

DISTRIBUTION 1	AH SPAN	830'	NOT GUYED
0	0	0	0

DISTRIBUTION 2	AH SPAN	830'	NOT GUYED
0	0	0	0

NO CONDUCTOR (0 Wv)	NOT GUYED
0	0

MISCELLANEOUS 1	AH SPAN	830'	NOT GUYED
0	0	0	0

MISCELLANEOUS 2	AH SPAN	830'	NOT GUYED
0	0	0	0

NO CONDUCTOR (0 Wv)	NOT GUYED
0	0

MISCELLANEOUS 3	AH SPAN	830'	NOT GUYED
0	0	0	0

MISCELLANEOUS 4	AH SPAN	830'	NOT GUYED
0	0	0	0

NO CONDUCTOR (0 Wv)	NOT GUYED
0	0

TRANS. AHEAD	AH SPAN	830'	NOT GUYED
0	0	0	0

TRANSMISSION BACK	BK SPAN	525'	NOT GUYED
0	0	0	0

DISTRIBUTION 1	AH SPAN	830'	NOT GUYED
0	0	0	0

DISTRIBUTION 2	AH SPAN	830'	NOT GUYED
0	0	0	0

NO CONDUCTOR (0 Wv)	NOT GUYED
0	0

MISCELLANEOUS 1	AH SPAN	830'	NOT GUYED
0	0	0	0

MISCELLANEOUS 2	AH SPAN	830'	NOT GUYED
0	0	0	0


NO CONDUCTOR (0 Wv)	NOT GUYED
0	0

MISCELLANEOUS 3	AH SPAN	830'	NOT GUYED
0	0	0	0

MISCELLANEOUS 4	AH SPAN	830'	NOT GUYED
0	0	0	0

NO CONDUCTOR (0 Wv)	NOT GUYED
0	0

TRANS. AHEAD	AH SPAN	830'
--------------	---------	------

 Corrective Work Form Electric Transmission Line	PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2		
	MOSS LANDING-PANOCHE #2 HELI-WASH		
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	INFORMATION BY QCR UPON
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 42352016 Created Notification # 110110536
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
USER STATUSES			
<input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> OTHER - OTHR <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.5340		CREW CLASS:	WORK TYPE CODE:
SAP EQUIPMENT #:		CREW SIZE: 00	626
FUNCTIONAL LOCATION 20106 MOSS LANDING-PANOCHE #2 (LINE NAME):		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) 0.0	
PLANNER GROUP: TLX	Latitude: 0.000000000000	ANTICIPATED MATERIAL COSTS:	
	Longitude: 0.000000000000		
EXECUTION			
REQUIRED END DATE: 03/17/2016	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:	CITY:	ZIP (if known): 00000	
DIVISION CODE (LOCATION): CC	COUNTY CODE (PLANT SECTION) 010		
REPORTED BY (Name and LAN ID): Roland Burks (R1BE)		DATE FOUND (NOTIF DATE): 03/17/2015	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 03/17/2015 10:51:50 Helen Sakai (HXS4) Phone 209/942-1606			
* - Voltage : 230 KV			
* PER ROLAND BURKS, HELI-WASH FOR 2015			
* 04/01/2015 09:04:50 Donna Thorne (DKT1) Phone 831/633-6935 Change Planner Group to Contract's TLX			
* 07/13/2015 10:48:59 Helen Sakai (HXS4) Phone 209/942-1606			
* PER ROLAND BURKS, 60 STRUCTURE WASHED ON 7/6/15.			

Actual
closed date.
(entered by contractor
mistakenly)

(OK)

"Contract group"
Open work order
(should be completed)

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		SALINAS-FIRESTONE#2 60KV-MOMENTARY RELAY	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification	PRIORITY CHOICES: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0		Order# 42445237 Created Notification # 110557669
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
			<input checked="" type="checkbox"/> Completed (ZZ02)
USER STATUSES			
<input checked="" type="checkbox"/> COMPLETED - COMP <input checked="" type="checkbox"/> COMPLETED BY T-MAN - CTMN <input checked="" type="checkbox"/> NON-ROUTINE - NONR <input checked="" type="checkbox"/> OVERHEAD - OH	<input checked="" type="checkbox"/> RELEASE WORK - RELW <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.7910		CREW CLASS:	
SAP EQUIPMENT #:		CREW SIZE: 00	
FUNCTIONAL LOCATION 60190 SALINAS-FIRESTONE #2 (NO FLY) (LINE NAME):		WORK TYPE CODE: 539	
PLANNER GROUP: TLN	Latitude: 0.000000000000	ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
	Longitude: 0.000000000000		
EXECUTION			
REQUIRED END DATE: 07/29/2015		MAIN WORK CENTER: MOSSLNDG - Moss Landing	
		VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS:		CITY:	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)		DATE FOUND (NOTIF DATE): 07/08/2015	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 08/07/2015 11:21:07 Nancy Disch (NED2) Phone 831/633-6926			
* - Voltage : 60 KV			
* - Structure Type : WOOD			
* ETL.7910 NON ROUTINE GROUND PATROL DUE TO MOMENTARY RELAYS			
* 08/11/2015 11:05:33 Nancy Disch (NED2) Phone 831/633-6926			
* WORK COMPLETED BY DOUG BRADY ON 8/7/2015			
Completed by: Douglas Brady (DABP) (Name and LAN ID):		Date: 08/07/2015	Actual Labor-Hours:

DRB

Explanation of a work order with wrong entered date for notification date. - should have been 8/7 (not found date) but entered 7/8. instead The required end date auto-generated 7/29 (421 days) so finishing on 8/7. made it late on record.

EMPLOYEE DETAILS		MEAL DETAILS		
TIMEKEEPER GROUP	0895	START TIME	END TIME	
EMPLOYEE NAME	Doug Brady	MISSED MEAL?	DATE:	8/7/15
EMPLOYEE #	'00017235	Comments:		CLDA Hours :

[illegible]

I certify that I have accurately recorded all time worked and abided by the terms of the collective bargaining agreement for rest and meal periods.

DOUG BRADY

Employee Signature

8/7/15

Date _____

Corrective Work Form Electric Transmission Line		PROBLEM DESCRIPTION (Short text --40 characters maximum): Line Name, Structure #, Work Description. For Repair Report see page 2	
		M.L.-CRAZY HORSE CYN#1 4/26 CLEAR CAGE	
INFORMATION REQUIRED BY QCR		INFORMATION COMPLETED BY FLS	
<input checked="" type="checkbox"/> LC Notification		PRIORITY CHOICES: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> P A = Immed/Safety F = Schd Compl Yr 1+ B = Urgt Compliance G = Maintenance Compliance C = Emergency Restore Service P = System Repair/Improvement E = Schd Compl Yr 0	
		Order# Created Notification # 111328761	
FACILITY TYPE	DAMAGE CODE	CAUSE CODE	ACTION
			<input checked="" type="checkbox"/> Removed (REMV)
USER STATUSES			
<input checked="" type="checkbox"/> LIGHT EQUIPMENT - ACCL <input checked="" type="checkbox"/> T-LINE INSPECTION - INSP <input checked="" type="checkbox"/> OVERHEAD - OH <input checked="" type="checkbox"/> PUT ON HOLD WORK - POHW	<input checked="" type="checkbox"/> REMOTE / AG / LOW POP - REMT <input checked="" type="checkbox"/> SPECIAL CIRCUMSTANCE - SPCR <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REFERENCE INFO			
ETL#: ETL.2930.TOWR		CREW CLASS: ETLEQP	WORK TYPE CODE:
SAP EQUIPMENT #: 40819875		CREW SIZE: 00	564
FUNCTIONAL LOCATION 10476 MSS LNDG-CRAZY HORSE- (LINE NAME): #1-TOWER		ESTIMATED TOTAL LABOR-HOURS TO COMPLETE: (labor-hours = Crew Size x Hours to Complete - no travel time) <div style="text-align: right;">0.0</div>	
PLANNER GROUP: TLV	Latitude: 36.787430000000 Longitude: 121.696280000000-	ANTICIPATED MATERIAL COSTS:	
EXECUTION			
REQUIRED END DATE: 01/15/2017	MAIN WORK CENTER: MOSSLNDG - Moss Landing	VOLTAGE: <input type="checkbox"/> 60 KV <input type="checkbox"/> 70 KV <input type="checkbox"/> 115 KV <input type="checkbox"/> 230 KV <input type="checkbox"/> 500 KV	
LOCATION DATA (OPTIONAL INFORMATION)			
STREET ADDRESS: 16390 MERIDIAN RD		CITY: SALINAS	ZIP (if known): 00000
DIVISION CODE (LOCATION): CC		COUNTY CODE (PLANT SECTION) 027	
REPORTED BY (Name and LAN ID): Dick Danieli (R1D3)		DATE FOUND (NOTIF DATE): 01/15/2016	
COMMENTS (LONG TEXT): Describe the work required, the equipment & materials needed (e.g. area; access; special tools; road map, X St;GPS Coord; more detailed description of work required).			
* 02/04/2016 12:35:31 PST Nancy Disch (NED2) Phone 831-633-6926			
* - Voltage : 115 KV			
* - Structure Type : STEEL			
* - Structure ID : 004/026			
* - Special Circumstances : DRY WEATHER ONLY			
* 004/026 CLEAR CAGE OF VEGETATION			
Completed by: (Name and LAN ID):		Date: / /	Actual Labor-Hours:
Reviewed by (Name and LAN ID):		Date: / /	

[illegible]

high - pitched
muscle - spindles
(and) firing

